Data collection tools—Separate questionnaires (see Annex 1) were used to collect information from each of the four target groups. Because the respondents were women, the principal interviewer in each survey team was a woman. Usually one survey team, consisting of a man and a woman, collected the information of each SA (figure 2).

Figure 2- A survey team preparing to interview a woman in Herat Province



(Courtesy of World Vision International)

Survey process – In many respects, the REACH baseline household survey reflects successful REACH technical assistance to grantee NGOs. A number of partners considered LQAS methodology too new and complicated to be well absorbed by grantee NGOs in Afghanistan. However, both Afghan and international NGOs managed to complete the survey with technical assistance from REACH staff. NGOs demonstrated the ability to meet challenging expectations. Table 1 describes various steps taken by grantee NGOs to carry out the survey and the corresponding technical assistance the REACH team provided. Only one grantee failed to pass all of the quality control measures by the determined deadline of mid-August, 2004.

Table 1 – Steps taken by REACH and NGOs for the baseline household survey

Grantee NGOs	REACH support
• Delineating catchment areas (CA) and dividing them into supervisory areas	• LQAS orientation workshop
• CA village listing (pre-survey), recruitment and training of surveyors	• Continuous contact and TA in the interval between orientation and follow-up workshop
• Random Sampling	• Follow up workshop, copying questionnaires, oversight and approval of sampling
• Data collection and data entry	• Provision of database, continuous contact and TA
• Data editing, analysis and target setting	• Analysis workshop
• Action plan development	• Continuous contact and TA
• Sharing Best Practices among NGOs	• REACH global analysis, NGO round table

Quality control measures – Because the survey process was decentralized, it was essential for REACH to undertake planned quality control measures to assure the quality of data collected. Offline (pre-survey) and online quality control measures

secured the quality of survey data. As an offline, or pre-survey, measure, REACH staff closely scrutinized the NGO random sampling process, the corner stone of the LQAS methodology. NGOs did the sampling themselves by using a structured sampling process and undergoing a pre-survey assessment. NGO sampling protocols, indicating exact interview locations, including village names and serial number of households in those villages, were then reviewed separately with each NGO through face to face meetings and/or e-mail. After REACH had checked and cleared the NGO sampling, NGOs received approval to proceed into the data collection phase of the survey.

An additional offline quality control measure consisted of testing surveyor reliability for each questionnaire. After the surveyor training, NGOs were required to test the reliability of the interviewers using a structured methodology and standardized tools. Interviewers with less than 90% reliability in data collection were either dismissed or retrained until they obtained 90% reliability.

During data collection, REACH required three online quality control measures that involved on-site supervision:

1. Each day during data collection, assigned NGO survey supervisors met with each survey team and reviewed the completeness of questionnaires with the surveyors. Incomplete questionnaires were returned to the surveyors and the interview repeated.
2. For some NGOs, survey supervisors accompanied survey teams on each of their visits.
3. One interview location in each SA was resurveyed. All R2 NGOs and most R1 NGOs planned and conducted a resurvey in one interview location per SA; this was done by survey supervisors. The purpose of resurvey was to assess correct selection of the household according to the sampling protocol, correct selection of the respondents for the target groups, reliability of data collected, and completeness of the questionnaires. If flaws were found in any of these measures, survey teams were required to resurvey the entire SA.

Quality control of the data entered was performed in the first day of the analysis workshop. NGOs cross checked hard copies of the questionnaires with the data in the databases. To speed up the process, only those questions being used for analysis were checked. If necessary, data was then edited.

REACH originally planned to make one site visit per grant during the data collection process; however, this goal was not reached for several reasons. First, the exact timeline of NGO data collection became unpredictable, either due to the NGOs' need to perform a pre-survey (most NGOs), or for reasons related to security and weather. Some NGOs postponed their data collection several times. In addition, overlaps among NGO data collection periods also prevented REACH from making site visits to all NGOs. Finally, aggregated data in analysis tables presented by NGOs were checked and basically re-analyzed and cross checked with the data in the databases. In two instances, discrepancies were noticed and the corresponding NGOs were informed. In one case, REACH staff reexamined all the hard copies of questionnaires and cross checked them with the database. The cause of discrepancies was discovered and the problem resolved.

Reaction of the communities to the survey - In most REACH districts, local

communities generally welcomed the survey teams and demonstrated eagerness and willingness to help. NGOs systematically contacted local leaders and Shura members in advance of data collection. In Paktika, in southeast Afghanistan, local leaders actually performed the data collection.

Key Findings

General remarks

Analysis of the survey data was done at four levels: (1) by supervisory area (SA) within a grant, by setting priorities for baseline coverage and targets set for a particular grant area (high, medium and low priority SAs), (2) by catchment area, through determining baseline coverage for each indicator (with 95% confidence intervals), (3) by province (only REACH districts), through determining baseline coverage (with 95% confidence intervals), and (4) by REACH overall totals, through determining baseline coverage (with 95% confidence intervals). NGOs determined end-of-project targets for each indicator at the catchment area level.

Probability of error (error of estimation) was a focus of attention from the beginning of survey design. This error differs at each level. The confidence interval, or error of estimation, is equal to or less than 10% at the NGO grantee catchment area level. This value is reduced to less than 2% at the REACH level. This issue is summarized in Table 2.

Table 2– Different analysis levels in LQAS household survey and corresponding probabilities of error

Level	Analysis/ Decision type	Error of estimation
Supervisory Areas	High, medium, low priority SA	= 10% probability for misclassification of each SA
Catchment Area/Grant	Estimate of the Indicators (Average Baseline)	= 10% (95% Confidence interval)
REACH districts in a province	Estimate of the Indicators	varies between 2 and 10 % (95% Confidence interval) depending on the overall sample size in a province
REACH	Estimate of the Indicators	= 2.3 % (95% Confidence interval)

The detailed analysis of all four levels is presented in table form in Annex 2. In this table, the priority status of each of 171 supervisory areas for each of 10 indicators has been identified by color. A high priority status (a red dot) indicates that an SA is performing below both the NGO catchment area baseline average and end-of-project target. A low priority status (a green dot) indicates that an SA is performing well above both the baseline average and end-of-project target. A medium priority status (a yellow dot) indicates that an SA is performing better than the baseline average, but does not achieve the target. Overall, 53 % of the time, SAs were classified as either high or medium priority for all indicators. A breakdown by 3 categories of indicators is presented in Table 3, below. NGOs set all end-of-project targets in consultation with the REACH technical team.

Table 3- Prevalence of high or medium priority Supervisory Areas under each category of indicators

Category of Indicators	*Prevalence of high/medium priority status among all SAs (%)*
Reproductive Health	**65**
Safe Motherhood	**47**
Child Health	**52**
Overall	**53**

NGOs have used the results of the prioritization exercise to identify areas for intervention under each indicator and developed an action plan for these interventions. Exhibit 1 provides an example of one NGO's work on the analysis of findings and action plan development for their own management purposes. In addition, a summary of proposed interventions by NGOs to achieve their end-of-project targets is presented by indicator in Table 4.

Exhibit 1- A sample analysis at the supervisory area level done by a REACH grantee in Badakhshan province for PNC service coverage

AKDN Badakhshan, Ishkashim and Zebak districts,
Indicator: Postnatal Care coverage, baseline = 15.2 %, end of project target = 30 %

Supervisory Areas	No. of Households	Priority Status
Ishkshim-1	400	(yellow)
Ishkshim-2	383	● (green)
Ishkshim-3	517	● (green)
Zebak-4	350	● (red)
Zebak-5	306	● (red)
Catchment Area	*1,956*	*15.2 %*

(Green: low priority, yellow: medium priority and red: high priority)

Analysis

Mothers who have given birth to their babies rarely seek health worker advice unless there is a complication or a problem. Lack of health facilities in most of the villages, distance, and lack of transport are the main causes of low coverage for this indicator. Supervisory Areas 2 and 3 do better because they are well covered by the Ishkashim CHC, which has been functional for a long time, whereas SAs 1 and 5 are isolated areas in which there is no access to basic health care. Even though SA 4 is covered by the health center, the center's lack of a trained midwife could be a reason for low coverage of PNC.

Action plan

By establishing more health posts in the area and training female CHWs, AKDN will be able to encourage mothers to receive regular PNC from trained health workers, such as midwives at the BHC level. Provision of refresher training to the locally trained midwives and nurses or their replacement by trained midwives will enable the programs to attract people to a high quality of care at the BHC level.

Courtesy of AKDN, Afghanistan

Table 4- Highlights of REACH NGO grantees proposed interventions for achieving targets

	Indicator	Proposed interventions
Reproductive Health	Women of reproductive age (15-49 years) who are using (or partner is using) a contraceptive method	• Recruit and maintain female doctors and midwives at the clinics • Provide health education & consultation by midwives and doctors • Involve religious leaders in encouraging the community to use contraceptives • Increase the demand for and training of female CHWs • Mobilize the community through health committees and CHWs • Establish a referral system between HF and hospital for surgeries • Change wrong beliefs concerning the permanent and major side effects of contraceptives • Ensure a safe, secure, and confident environment for FP services
	Women of reproductive age (15-49 years) who can identify at least two forms of modern contraception	• Provide daily 30 minutes of health education for health facility staff • Encourage CHWs to provide health education among their communities, particularly through home visits • Engage participation of female doctors and midwives to introduce family planning during consultations • Promote community awareness about FP through outreach activities and health committees • Establish regular supervision of the health posts activities by a Community trainer/supervisor
Maternal Health	Births attended by a skilled birth attendant	• Strengthen CHW referrals of pregnant women • Recruit female staff (doctors, nurses and midwives) for vacant positions in BHCs, CHCs, and DHs • Ensure that delivery rooms are adequately equipped • Conduct refresher courses for female doctors, nurses, and midwives • Educate pregnant women about pregnancy risks through CHWs and female health providers • Follow up at-risk pregnancies identified through ANC by outreach activities and recommend for proper care • Establish regular supervision of the outreach activities by Community trainer/supervisor • Mobilize the community for institutional delivery through health committees
	Mothers receiving PNC after delivery	• Strengthen CHW referrals (primarily the same interventions as mentioned for births attended by skilled birth attendants)
	Mothers attending at least one ANC visit	• Strengthen CHW referrals • Educate female patients through doctors and nurses
	Mother receiving TT injections	• Regular outreach • Cooperation with NIDs campaigns
Child Health	Children > 1 year and < 2 years fully immunized (DPT3)	• Improve supply of vaccines • Increase outreach activities • Pulse immunization campaigns • Strengthen CHW referrals of children under 1 year of age • Establish proper OPD patient flow to screen for all <2 children for vaccination
	Children > 1 year and < 2 years who received Vitamin A therapy	• Cooperation with NIDs campaigns
	Children exclusively breastfed during their first 6 months	• Promotion of health education by CHWs • Education by female doctors and CHWs
	Mothers reporting appropriate behavior for treating a sick child	• Promote health education by CHWs

Survey level of representation - When using REACH LQAS figures, one should be fully aware of the survey's level of representation. The REACH household survey is only partially representative of REACH provinces. The number of districts covered under REACH grants varies in different provinces between a minimal coverage, making survey results for Ghor, where REACH covers only one district, and Baghlan least representative of these provinces as a whole, to maximal coverage in Jawzjan

and Herat, making results representative of the provinces. Therefore, if baseline household survey figures are to be used as estimates of provincial (or national) averages, the figures from provinces with more extensive REACH coverage can be expected to be closer to the real province average; in provinces with limited REACH coverage, this will not necessarily be true. Thus survey figures should not be considered representative of a whole province or the whole country. In REACH districts, however, the survey represents the whole district well due to the survey's meticulous random sampling scheme.

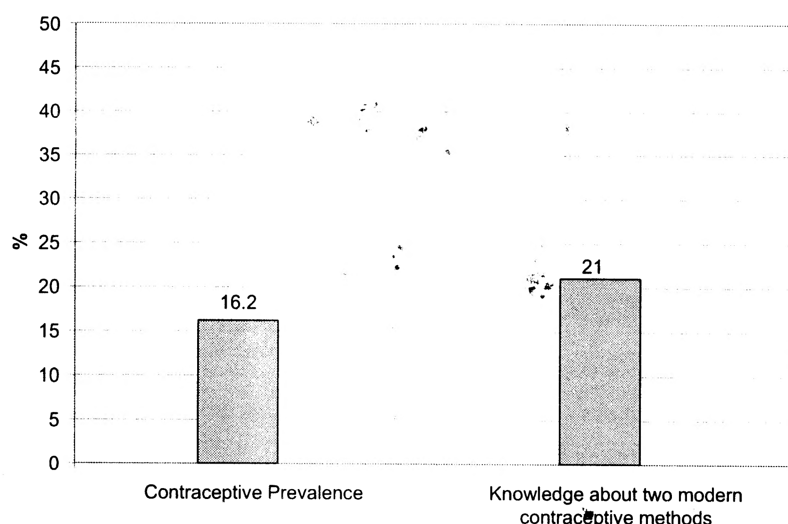
The overall REACH results are discussed in the following sections. A table, including the second, third, and fourth level of analysis, is presented in Annex 3.

Findings of the baseline household survey indicate that for various NGOs and provinces, the performance of community-based health services is not always correlated with the level of facility-based health services (Annexes 4, 5 and 6). For instance, family planning practices, which are considered more CHW-dependent, are notably better in Herat, where the level of births attended by a skilled attendant is universally low (in comparison to the rest of the country). On the other hand, in Kabul, the southeast provinces, and in parts of Faryab, the reverse is observed: family planning practices are relatively poor, while institutional delivery coverage is relatively high.

Reproductive Health

The overall REACH results on reproductive health indicators are displayed in Figure 3 (See Annex 4 for comparing NGOs).

Figure 3- Baseline Values for Family Planning Indicators, REACH Baseline Household Survey 2004 (values in percent)



Contraceptive Prevalence Rate is generally below 20% in REACH districts (REACH average = 16.2%) (See Annex 4). This indicator is highly dependent on community

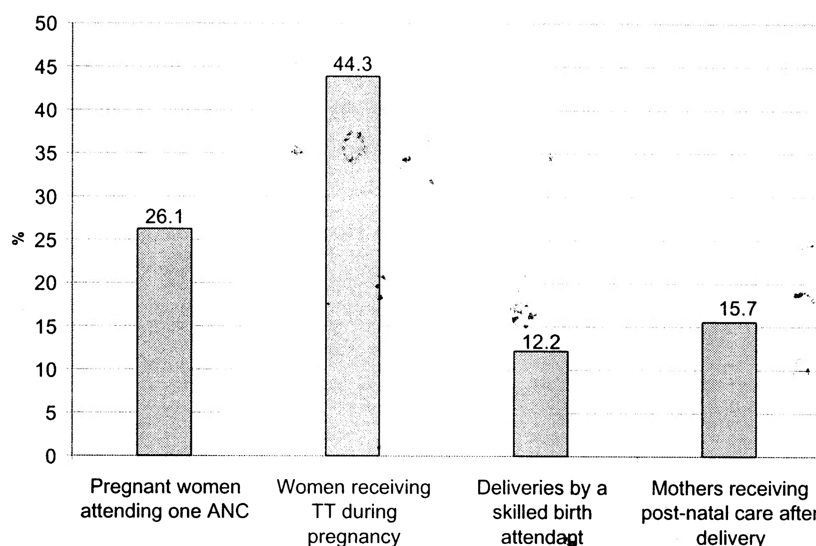
health worker activity and the presence of adequate supplies. Interestingly, in Herat, all REACH districts have over 20% CPR coverage (average CPR = 27.1, with a 95% confidence interval of 5.6). In this area, populated districts like Ghorian and Zendejan have had CHW programs for a long time. Furthermore, proximity to neighboring Iran, where extensive family planning services are available free of charge through public outlets, can also have an effect. The lowest CPR is observed in the northeast cluster of districts in Baghlan, Takhar, and Badakhshan. Ghor also has one of the lowest CPRs REACH-wide. In the southeast cluster (Paktika, Paktia and Khost), coverage is moderate. Wide variation between NGOs working in the same province is observed in Jawzjan and Faryab.

In most REACH districts, fewer than 30% of the women of reproductive age (WRA) know about at least two modern methods of contraception (REACH average = 21.0 %) (See Annex 4). Golran and Kushk-e-Rabatsangi districts in Herat have the highest rate of knowledge about contraceptive methods. Both of these areas are districts served by NPO/RRAA, where more than 50 % of WRA are informed about at least two modern methods of contraception. The least informed women can be found in Badakhshan (both north and east), Takhar, Jawzjan, Paktia, and east Ghazni districts, where fewer than 10% of the women of reproductive age can identify two modern contraceptive methods.

Maternal Health

The overall REACH results on maternal health indicators are displayed in Figure 4 (See Annex 5 for comparing NGOs).

Figure 4- Baseline Values for Safe Motherhood Indicators, REACH Baseline Household Survey 2004 (values in percent)



In most REACH districts, the rate of births attended by skilled birth attendants is less than 10% (REACH average = 12.2) (See Annex 5 for comparing NGOs). The level of

this indicator is dependent on establishment of CHW referrals, accessibility of health facilities for women, availability of female health providers, and presence of functioning delivery rooms at the facilities. The highest coverage belongs to the Andkhoy cluster of Faryab, Kabul, and Paktia, where, excluding a few outlying data points, less variation is observed among NGOs working in the same province.

Use of PNC services is generally below 20% in REACH areas (REACH average = 15.7 %) (See Annex 5 for comparing NGOs). This means that after delivery, mothers rarely seek health worker advice unless a serious complication occurs. This failure to seek advice is usually due to difficult access to facilities; within a district, supervisory areas farthest from health facilities usually demonstrate poorer performance on this indicator. In those supervisory areas located closer to facilities, poor performance on this indicator is usually associated with a lack of female staff at the facilities, and/or lack of an effective referral system between the community and the health facility. According to the findings of this survey, PNC coverage seems to be highest in REACH districts located in areas of Jawzjan and Faryab provinces (north Afghanistan), with greater than 30 % coverage. A relatively high coverage is also noted in some districts in the vicinity of Kabul city. This indicator was partially correlated with the rate of institutional delivery in the REACH districts (coefficient of regression, R2= 0.45), as almost similar factors are associated with institutional delivery.

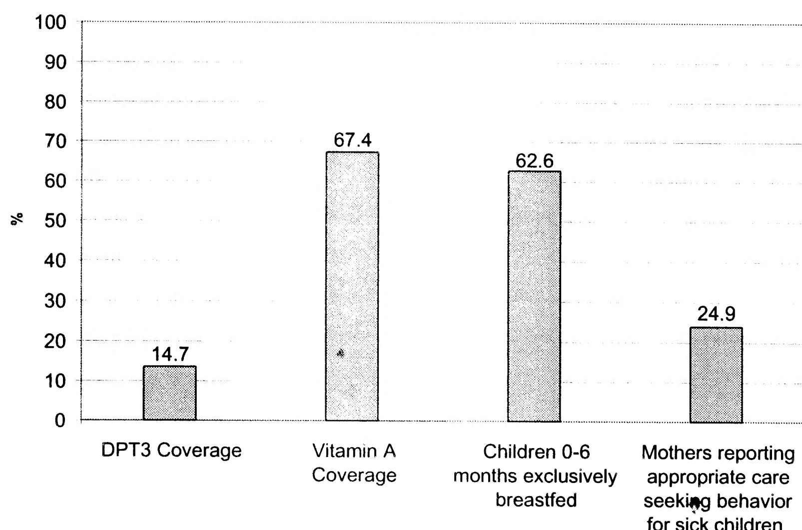
Use of ANC is more variable across REACH districts (REACH average = 26.1%). Cheqcharan district of Ghor; Panjab and Waras districts in Bamyan; Nawur and Ajristan districts in Ghazni; Paktika; and northern Badakhshan have demonstrated the lowest coverage for ANC services (all less than 15%). The districts in Kabul; Bahram-e-shahid district in Ghazni; Zebak and Ishkashim in Badakhshan; and most of Jawzjan have the highest coverage, around or over 45%. A large difference is noted between the two NGOs working in different parts of Badakhshan province. Zebak and Ishkashim districts in eastern Badakhshan have one of the highest coverages of ANC across REACH, while in northern Badakhshan, the districts of Raghistan, Kohistan, Khwakhan, Yawan have the lowest coverage. The fact is that the population living in Zebak and Ishkashim is much smaller than that in Raghistan, Kohistan, Khwakhan, and Yawan (1,956 vs 10,960 households), and in the former area, most of the population is concentrated around the facilities. In Zebak and Ishkashim, the population to facility ratio is 978 households per facility, while in the other four districts, this ratio is 2,780 households per facility.

Coverage for tetanus toxoid (TT) immunization for pregnant women is generally between 30 – 45% in most areas under REACH (REACH average = 44.3%). Extremely low coverage is encountered in Cheqcharan of Ghor and in the neighbouring Waras and Panjab districts of Bamyan. The coverage is as high as 60% in Wakhan and Ishkashim of Badakhshan. Kabul, Faryab, and parts of Jawzjan have the highest coverage among REACH districts. In Kabul, the coverage is around 70%, and in the Andkhoy cluster of Faryab, this rate reaches 80%.

Child Health

The overall REACH results on child health indicators are displayed in Figure 5 (See Annex 6 for comparing NGOs).

Figure 5- Baseline Values for Child Health Indicators, REACH Baseline Household Survey 2004 (values in percent)



The baseline DPT3 vaccination coverage in REACH districts is showed to be generally low (on average 14.7% and generally below 20%). According to the routine reporting system of WHO/UNICEF, the national average for this indicator is 54% [2]. In order to achieve more reliability, the REACH baseline household survey has used immunization card or card plus recall data to calculate DPT3 coverage. Mothers' recall alone was not included in the analysis. Whether the low vaccination coverage is due to insufficient outreach activities because of a labile security situation differs from one place to another. DPT vaccination is a function of CHW referrals, outreach vaccination activities, and facility-based immunization as well as pulse immunization programs conducted as vertical MOH initiatives.

The coverage of vitamin A supplementation for children between 1 and 2 years is generally above 50% in REACH areas (REACH average = 67.4 %). By way of comparison, the UNICEF Multiple Indicator Cluster Survey (MICS 2003) gives a national rural average of 84% for recent vitamin A supplementation among children 12-23 months age [3]. In Afghanistan, vitamin A supplementation is generally provided during National Immunization Days (NIDs), and this is the main reason for the relatively high coverage. Interestingly, maintaining the coverage at this level can be a challenge for REACH grantee NGOs unless the NIDs continue to be a part of the MOH programs for child immunization. In Nawur and Ajristan districts of Ghazni province in central Afghanistan, an extremely low coverage has been observed (~ 10 %) in spite of a coverage universally over 55% in neighboring districts. Moderately low coverage (25 - 50%) is also noted in Paktia, the Karukh district of heart, and the Cheqcharan district of Ghor. Zebak and Ishkashim districts of Badakhshan, along with major districts of Herat, demonstrate the highest coverage among REACH districts. This indicates that, contrary to facility-based approaches like vaccination

against DPT, campaign activities have proven to be effective in inaccessible areas like Badakhshan. The Tetanus Toxoid (TT) vaccination rate in pregnant women, also a major campaign initiative, shows a similar success in the same areas.

Prevalence of exclusive breast feeding is generally above 50% in REACH areas (REACH average = 62.6%). It is lowest in Bamyan, where both grantee NGOs (ADRA and IMC) have reported well below 50% coverage (24% and 34 % in Yakawlang/Bamyan and Waras/Panjab, respectively). This indicator is highest in southeast and northeast regions of Afghanistan. Herat and Kabul are performing around the average (= 62.6 %). Findings are mixed for the remaining REACH districts.

There is a wide variation in the rate of appropriate care seeking behavior for sick children in various REACH districts. The overall average is 24.9%, but figures range between 4% and 50%. Wide variation has also been observed within a province. For instance, the rate is 4.2% in Panjab/Waras districts of Bamyan but 41% in Yakwalang/Bamyan districts. This indicator is highest in Bahram-e-shahid district of Ghazni and Khost districts
(> 45%). Most of the other areas have values between 15% and 30%. Cheqcheran district in Ghor, Panjab/Waras districts in Bamyan, southern Faryab, and northern Badakhshan have the lowest rate (< 15%).

Conclusions

This baseline household survey experience has been interesting and useful from several perspectives. The NGOs have learned how to document the baseline indicators in their catchment areas. As a result of setting priority areas for improvement and special attention based on the findings of the surveys, they are now prepared with the information necessary to better plan and manage their health interventions.

The selection of the LQAS over the 30-cluster sampling method had several advantages for REACH:

- The number of interviews per SA is smaller (19).
- Data collection can easily be decentralized, and in this case, done by the individual NGO grantees themselves.
- Data can be analyzed locally, provide a valid average coverage for the catchment area, and allow the NGO, with assistance from REACH, to judge how the SAs compare to the average coverage.
- Overall coverage estimates have a small confidence interval, indicating that there is no design effect.
- The independent sampling process, as well as the relative ease of reanalysis of findings at the SA level, is another major advantage. Subsequent grant agreements or amendments that lead to the addition of new districts could be handled as new SAs, and the data can be easily integrated into the rest of the survey findings. Thresholds can be set retroactively, and additional SAs can be included as results become available. In contrast, gradual expansion of the survey area in a 30 by 7 cluster survey requires substantial increase in sample size.
- Follow-up measurements can be done on a sub-set of the sample.

Moreover, as a result of having obtained this baseline information, NGOs will be better prepared to measure progress against their self-selected targets and indicators for improving the health care of the people of the communities they are serving. REACH also has a better idea of the health needs and indicators for measuring progress against its project objectives. Together, the NGO grantees and REACH staff will work to ensure that the baseline data are appropriately used to meet these stated ends.

Next Steps

These findings from the baseline household surveys have been shared verbally and in summary form with key groups of stakeholders, including REACH technical staff, USAID, and the Ministry of Health. Following the release of this report, they will be shared more broadly with the Afghan health community in a formal presentation.

The findings have also been shared among and discussed by the NGOs during a one-day review session held at REACH headquarters in mid-September 2004. NGOs were urged to disseminate and discuss their own findings internally and to use the findings to review and, possibly, revise their own targets.

These surveys perform an important monitoring function, both internally for the NGOs and, more broadly, for the REACH Program. The NGOs are encouraged to undertake mid-term assessments, sometime early in 2005, to measure progress against self-selected indicators. The NGOs' selection of indicators to measure at mid-term will perhaps be guided by those areas in which the baseline data indicated significant gaps needing priority attention. NGOs are also required to undertake an end-of-project full household survey to measure their own progress on all 10 indicators. These surveys will be carried out in early 2006 so that results can be available before the end of the REACH contract in May 2006. REACH will then be able to consolidate results of final project progress.

References:

1 - Valadez, J.J, W. Weiss, C. Leburg, R. Davis. *Assessing Community Health Programs: Guide for Using LQAS for Baseline Surveys and Regular Monitoring.* (Washington, DC: The Child Survival Collaborations and Resources Group, CORE, March 2002).

2 - WHO/ UNICEF, NIC. *Review of National Immunization Coverage* (WHO/ UNICEF, 2003).

3 - CSO/ UNICEF. *Multiple Indicator Cluster Survey 2003, Afghanistan.* (UNICEF, 2003).

RURAL EXPANSION OF AFGHANISTAN'S COMMUNITY BASED HEALTH CARE PROGRAM (REACH)

ANNEXES

NGO GRANTEES' BASELINE HOUSEHOLD SURVEY: REPORT ON THE RESULTS

October 2004

Annex 1

USAID/REACH
Access to Quality Health Services Program

Baseline Household Survey

Due: End of Quarter _______________

Name of NGO: ______________________

Grant ID: ___________________________

Supervisory Area No.: ___________
Description of Supervisory Area Surveyed:
____
____
____

Name of Supervisor: ___________________________________
Signature of Supervisor: ________________________________

Start date of survey: _______________________
End date of survey: _______________________

Checklist for covered respondents:

? Mother of child 0 to 11 months
? Woman 15 to 49 years, not pregnant
? Mother of child 12-23 months
? Mother of sick child 0-2 years

DIRECTIONS

Step 1: Introduce yourself and explain the purpose of the survey.

Introduce yourself to the appropriate person. Explain that you are conducting a survey of randomly selected households in the area of ________________ clinic/hospital. Show the letter of introduction from your NGO and/or provincial health authority if needed. You may also be introduced by a community leader.

Explain the purpose of the survey. The survey will provide valuable information about the community so that the ______________clinic/hospital can provide the services that the community needs. Ask for permission to conduct the survey in with selected members of the household. Answer any questions that may be asked of you.

Step 2: Complete summary sheet of household members

The intent of the summary sheet is to inventory all household members. The total number of household members will be used to calculate the average number of people living in households, in a village and catchment area. Similarly, the number of people in different groups of interest (e.g., women of reproductive age and children less than 5 years) can be estimated.

Begin by listing the name of the head of the household and work your way across the sheet. Complete one row as appropriate for each member of the household, including infants.

Step 3: Conduct interviews with selected household members

Review the summary sheet and identify one eligible respondent for the target groups of interest. The sample should reflect the following:

? Mother of a child 0 to 11 months (Respondents to Questionnaire 1)

OR

? Mother of a child 12 to 23 months old (Respondents to Questionnaire 2)

AND

? Married women 15 to 49 years of age *not currently pregnant* (Respondents to Questionnaire 3)

AND

? Mother of a sick child 0 to 23 months old (Respondents to Questionnaire 4)

Note 1: Respondents to questionnaire 1 and 2 are considered mutually exclusive, however the same woman can be eligible for responding to questionnaires 1,3 and 4, or 2, 3 and 4.
Note 2: Likewise, do not interview two separate mothers from the same household for questionnaire 1 and 2! If you interview a mother with questionnaire 1 in a household, you must go to the next nearest household to identify and interview a mother for questionnaire 2. You can apply questionnaire 3 and 4 to either of the two women.
Note 3: All 4 types of questionnaires must be completed at each interview/random location, either by interviewing 2 or more eligible women.

Then,

- ✓ Ask to briefly interview the selected respondent, preferably in a private setting. Explain the purpose of the interview and that it will take more than 10 minutes.
- ✓ Assure the confidentiality (that results will never be used to identify the respondent).
- ✓ Obtain permission to conduct the interview.

Step 4: Complete the interview

Ask if the interviewer has any questions and address them. Thank her for her time.

SA# ________ Household #,

Survey Start Year									A. Household information
Household Number	1 2 3 4 5 6 7 SA						Village	District	Province

Tick interviewee	Children				Adults more than 15 years (born before 1367 (1987))				A1. Population	
	5 to 14 years ✓	2 to 4 years ✓	12 to 23 months ✓	0 to 11 months ✓	Currently pregnant? ✓	Marital Status S/M/D/W	Year of Birth	Sex M/F	Name of Household Member	SN
										1*
										2
										3
										4
										5
										6
										7
										8
										9
										10
										11
										12
										13
										14
										15
										16
										17
										18
										19
										20

Definitions:

Marital Status: S=Single, M=Married, D=Divorced, W=Widowed

Instructions:

*** indicates "household head"**

Identify mothers of children 0 to 23 months of age

Circle the SN of the persons to be interviewed in this household

Name of data collectors: 1) ______________________ 2) ______________________

Date of interview: ______________ Time started: _____: _____ Time finished: ____:___

QUESTIONNAIRE 1: MOTHER OF CHILD 0 TO 11 MONTHS

[a] 0 to 6 months [b] 7 months to 11 months [c] 12 months or more ------→	1. How many months old is the youngest child? *(confirm name and age from summary sheet)* STOP AND CHANGE TO QUESTIONNAIRE 2
[a] Your home [b] Home of another person [c] Hospital [d] Clinic [e] Health post	2. Where did you give birth to "name"?
[a] No one [b] A friend or relative [c] A dai [d] Trained midwife [e] Nurse or doctor	3. Who helped you with the delivery of "name"? Who else? PROBE FOR MOST QUALIFIED PERSON
[a] No [b] Yes, C-section [c] Yes, other __________	4. Were there any complications during the delivery?
[a] Yes [b] No ? Q 7 [c] Don't remember ? Q 7	5. <u>While pregnant with</u> "name", did you receive a visit from a community health worker or did you go to a clinic to receive information about your pregnancy?
[a] Doctor [b] Nurse/midwife [c] Auxiliary midwife [d] Trained DAI [e] CHW [f] Other, specify: __________	6. What person did you see? Anyone else? PROBE FOR MOST QUALIFIED PERSON
[a] Yes [b] No [c] Don't remember	7. <u>While pregnant</u> with "name" did you get an injection in the arm (shoulder)? **CONTINUE ON BACK SIDE OF THIS PAGE**

[a] Yes [b] No ? Q 10 [c] Don't remember	8. After giving birth to "name", did anyone check your health?
[a] Doctor [b] Nurse/midwife [c] Auxiliary midwife [d] Trained dai [e] CHW [f] Other, specify: __________ Days: _________ Weeks: ________	9. Who checked your health? PROBE FOR MOST QUALIFIED PERSON How many days or weeks after the delivery was your health checked for the first time? (write "00" if checked same day)
[a] Yes [b] No → Q 14	10. Did you ever breastfeed "name"?
[a] Within first hour [b] Within first 8 hours [c] After first 8 hours	11. How long after the delivery did you first breastfeed "name"?
[a] Yes → 14 [b] No	12. Are you breastfeeding "name" now?
☐☐ months	13. For how long did you breastfeed "name"? IF LESS THAN ONE MONTH WRITE "00" months
[a] Have not begun (still breastfeeding only) [b] Before 4 months [c] After 4 months, before 6 months [d] After 6 months	14. How long after birth did you start giving food other than breast milk to "name"?

QUESTIONNAIRE 2: MOTHER OF CHILD 12 TO 23 MONTHS

The following questions refer to a child 12 to 23 months only. Confirm the name and age from the summary sheet.

[a] Yes [b] Yes, but lost it → 4 [c] Never had a card → 4	1. Do you have a card where "name's"' vaccinations are noted? If YES: May I see it?
Day Month Year BCG P0 P1 P2 P3 D1 D2 D3 Meas Vit A	2. Copy dates of each antigen from the card, write "00" when card shows vaccination was given, but date is missing or illegible BCG Polio 0 Polio 1 Polio 2 Polio 3 DPT 1 DPT 2 DPT 3 Measles Vitamin A (most recent)
[a] Yes [b] No [c] Don't know	3. Has "name" received any vaccinations that are not recorded on the card? CONTINUE WITH QUESTION 8
Complete the following only if the answer to question 3 is 'Yes'.	
[a] Yes (________ number) [b] No [c] Don't know	4. Has "name" ever been given any 'vaccination drops in the mouth' to protect him/her from getting polio?
[a] Yes (________ number) [b] No [c] Don't know	5. Has "name" ever been given 'vaccination injections' in the mid-outer surface of thigh – to prevent him/her from getting DPT (tetanus, whooping cough, diphtheria)?
[a] Yes (________ number) [b] No [c] Don't know	6. Has "name" ever been given 'vaccination injections' in the outer part of upper right arm at the age of 6 months or older – to prevent him/her from getting measles within the last year?
[a] Yes [b] No [c] Don't know	7. Has "name" received drops from a Vitamin-A capsule from a health worker during the last six months? *(describe a green and red capsule)* **CONTINUE ON BACK SIDE OF THIS PAGE**

[a] Yes [b] No → 12	8. Did you ever breastfeed "name"?
[a] Within first hour [b] Within first 8 hours [c] After first 8 hours	9. How long after the delivery did you first breastfeed "name"?
[a] Yes → 12 [b] No	10. Are you breastfeeding "name" now?
☐☐ months	11. For how long did you breastfeed "name" IF LESS THAN ONE MONTH WRITE "00" months
[a] Have not begun (still breastfeeding only) [b] Before 4 months [c] After 4 months, before 6 months [d] After 6 months	12. How long after birth (at what age) did you start giving other foods than breast milk?

QUESTIONNAIRE 3: MARRIED WOMEN 15-49 YEARS OLD, NOT PREGNANT

_______ (number) IF "1" → Question 3	1. How many of your children are under the age of five? (including "name", if this is a mother)
_______ (number)	2. How old is your youngest child ("name" if known)?
_______ (number)	3. How old is the child born before your youngest child/"name"?
[a] Yes → STOP [b] No [c] Unsure	4. Are you presently pregnant?
[a] Yes [b] No [c] Don't know	5. Do you want to have another child in the next 2 years?
[a] Yes [b] No → STOP	6. Have you heard of any methods that a man or woman can use to avoid pregnancy?
[a] Pill [b] Injection [c] Condom [d] IUD [e] Sterilization (male/female) [f] Other ____________ [g] None	7. Can you name or describe some methods? (Check all those that are mentioned)
[a] Hospital [b] Clinic [c] Health Post / CHW [d] Pharmacy [e] Other health provider [f] Shop [g] Friend/relative [h] Other: ________ [z] Don't know	8. Do you know a place where you could obtain a product/method for child spacing? (Check all those that are mentioned)
[a] Yes [b] No	9. Have you ever used any modern birth spacing method? (Don't ask if already mentioned) **CONTINUE ON BACK SIDE OF THIS PAGE**

ACKNOWLEDGEMENTS

The REACH Baseline Household Survey, culminating in this report, is the result of the labor of many REACH staff and partners. The authors wish to acknowledge and thank the following individuals who played important roles at various stages in the development of this product:

- REACH NGO grantees (listed alphabetically): ADRA, AKDN, BDF, BRAC, CAF, CHA, CoAR, Ibn Sina, IMC, Medair, Merlin, NPO/RRAA, RCA, SC/UK, SC/US, SDF, STEP, and WVI, which did the actual work of data collection, data quality control, and data analysis in their own catchment areas
- Maria Miralles, for developing the original survey plan, training material and tools
- Khalid Rahim, for contributing to the NGO training, conducting site visits, reviewing translated survey material, and providing continuous technical assistance to the NGOs for survey planning
- Ryoko Yokoyama and Jafar Husseini, for development of the survey database, and for contributing to NGO training and survey planning
- Iqbal Pakzad and Scott McKeown, for contributing to the NGO training and workshops
- Mirwais Amiri, for translation of the questionnaires into Dari
- Miho Sato and Fred Hartman, for commenting on the manuscripts, and Judie Schiffbauer, for her editorial assistance
- The other members of the USAID/REACH team, for their support and encouragement

[a] Pill [b] Injection [c] Condom [d] IUD [e] Sterilization (male/female) [f] Other _____________ [g] None	10. Are you or your partner currently using something or using any method to delay or avoid getting pregnant? Which method are you using?

QUESTIONNAIRE 4: MOTHERS OF SICK CHILD (0-2 years)

The following questions refer to a child with diarrhea, cough or convulsions during the two week period prior to the survey only. Confirm the name and age from the summary sheet.

[a] Diarrhea → Question 2 [b] Illness with cough → Q 6 [c] Fever/convulsions → Q 9 [d] Other: __________ STOP	1. What illness did your child "name" have during the last two weeks? PROMPT to get an answer. If the response includes more than one sickness, focus on the first one mentioned only.
[a] Nothing [b] Fluid from ORS packet [c] Home-made fluid [d] Pill or syrup [e] Injection [f] IV – intravenous [g] home/herbal medicines [h] Other, specify: _________	2. What was given to treat the diarrhea? NOTE ALL MENTIONED
[a] Less [b] The same [c] More [d] Nothing to drink [e] Don't know/not sure	3. When "name" had diarrhea, was he/she offered less than usual <u>to drink</u>, about the same as usual or more than usual?
[a] Less [b] The same [c] More [d] Nothing to eat [e] Don't know/not sure	4. When "name" had diarrhea, was he/she offered less than usual <u>to eat</u>, about the same as usual or more than usual?
[a] Yes → Q 12 [b] No → STOP	5. Did you seek advice/treatment outside the home for the diarrhea?
[a] Yes [b] No [c] Don't know	6. When "name" had the illness with cough, did he/she breathe faster than usual with short/fast breaths?
[a] Yes [b] No → STOP	7. Did you seek advice/treatment for the cough/fast breathing?
[a] Same day [b] Next day [c] Two days [d] Three or more days	8. How long after you noticed that "name" had cough/fast breathing did you seek advice? SKIP TO 12 **CONTINUE ON BACK SIDE OF THIS PAGE**

[a] Yes [b] No [c] Don't know	9. Does 'name" have fever now?
[a] Yes [b] No → STOP	10. Did you seek advice/treatment for the fever?
[a] Same day [b] Next day [c] Two days [d] Three or more days	11. How long after you noticed that "name" had fever did you seek advice?
Health provider: [a] Hospital [b] Clinic [c] Health Post [d] CHW [e] Pharmacy [f] Other ____________ Other source: [g] Shop [h] Friend/relative [i] Other: _____________	12. Where did you seek advice or treatment? Where else? NOTE ALL MENTIONED Name of facility: ______________________________

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Province	NGO	District-SA	No. of households	Indicators (Per cent)									
				Reproductive Health		Safe Motherhood				Child Health			
				Contraceptive prevalence rate	Knowledge two modern contraceptive methods	Births attended by a skilled attendant	Mothers receiving PNC after delivery	Mothers attending one ANC visit	Mother receiving TT injections	Children 1-2 fully immunized (DPT3)	children 1-2 received Vitamin A therapy	Children exclusively breastfed during first 6 months	Mothers with appropriate careseeking behavior
Herat	WVI	Cheshtisharif-1	1,219	•	•		•	•	•	•		•	•
		Cheshtisharif-2	847	•	•	•	•	•	•	•	•		
		Cheshtisharif-3	951	•	•	•	•	•	•	•	•		
		Cheshtisharif-4	863	•	•				•	•	•	•	
		Cheshtisharif-5	760	•	•	•	•	•	•	•	•	•	•
		CA total	*4,640*	*21.3*	*3.5*	*4.3*	*13.9*	*17.8*	*50.1*	*10.3*	*64.2*	*58.4*	*32.1*
	CHA	Ghorian-1	27,379	•	•	•	•		•	•	•	•	•
		Zindajan-2	10,153	•	•	•		•		•	•	•	•
		Kuhsan-3	15,602	•	•	•	•	•	•	•	•	•	
		Asraskan-4	13,620	•	•		•	•	•	•	•	•	•
		Shindand-5	19,069	•	•		•	•	•	•	•	•	•
		Farsi-6	6,145	•	•	•	•	•	•	•	•	•	•
		CA total	*91,968*	*25.7*	*40.5*	*12.9*	*16.7*	*13.6*	*42*	*22.5*	*92.5*	*57.6*	*40.1*
	NPO/RRAA	Gulran-1	3,075	•	•	•	•	•			•	•	•
		Gulran-2	2,784			•	•	•			•	•	•
		Gulran-3	4,208	•	•	•		•			•	•	
		Gulran-4	6,016	•	•	•	•	•				•	
		Gulran-5	2,918	•	•	•	•	•		•	•		•
		CA total	*19,001*	*27.1*	*52.6*	*4.5*	*11*	*20.3*	*16.1*	*7.3*	*78.9*	*68.6*	*20.4*
	NPO/RRAA r2	Rabat Sangi (RS)-1	3,567	•	•		•		•			•	•
		Rabat Sangi (RS)-2	2,750	•	•	•	•	•	•		•	•	
		Tourghondi (RS)-3	2,952	•	•		•	•	•	•	•	•	•
		Tourghondi(RS)-4	5,865	•	•	•		•			•	•	
		Yaka Darakht(RS)-5	2,771	•	•				•		•	•	•
		Yaka Darakht(RS)-6	3,025	•	•		•	•	•		•		•
		CA total	*20,930*	*36.9*	*66.1*	*7.5*	*15.6*	*31.1*	*35.8*	*13*	*75.7*	*64.1*	*32.4*
	CoAR	Karukh-1	4,521	•	•	•				•	•		•
		Karukh-2	1,089	•	•	•	•	•	•	•	•		•
		Karukh-3	2,683		•	•	•	•				•	
		Karukh-4	2,161		•	•		•			•	•	
		Karukh-5	4,416		•	•	•	•	•		•	•	•
		CA total	*14,870*	*24.5*	*14.4*	*14.4*	*18.7*	*27.3*	*40.3*	*10.6*	*45.3*	*69.6*	*41.7*
		REACH Herat	151,409	27.1	41.9	11	16	18.4	37	17.7	82.9	61.1	36.5
Ghor	WVI	Ghaghchran-1	663	•	•	•	•	•	•	•	•	•	•
		Ghaghchran-2	3,017	•	•	•	•	•	•	•	•	•	•
		Ghaghchran-3	7,147	•	•	•	•	•	•	•	•	•	•
		Ghaghchran-4	3,117	•	•	•	•	•	•	•	•	•	•
		Ghaghchran-5	6,510	•	•	•	•	•	•	•		•	•
		Ghaghchran-6	1,688	•	•	•	•	•	•	•	•	•	•
	REACH Ghor	*CA total*	*22,142*	*4.9*	*10.1*	*0*	*4.6*	*4.6*	*12.1*	*0*	*38.2*	*74*	*4.7*
Kabul	BRAC	Paghman-1	2,732		•	•		•			•		
		Paghman-2	1,119			•			•		•		
		Paghman-3	4,480	•					•		•		•
		Paghman-4	4,252		•	•	•	•			•		
		Paghman-5	5,949		•	•	•	•					
		CA total	*18,532*	*24.9*	*25.4*	*26.9*	*17.1*	*43.9*	*81.7*	*15.8*	*58.5*	*54.2*	*26.3*
	IMC	Shakardara-1	3,868		•	•	•	•	•	•	•	•	•
		Shakardara-2	3,814		•	•	•	•	•	•	•	•	•
		Shakardara-3	3,757		•	•	•	•	•	•	•	•	
		Guldara-4	3,456		•		•		•	•		•	
		Qarabagh-5	3,419		•		•		•	•	•		•
		Qarabagh-6	3,581		•	•	•		•		•	•	
		Qarabagh-7	3,864	•	•	•	•	•	•	•		•	
		CA total	*25,759*	*15.4*	*12.7*	*25.2*	*12.8*	*40.1*	*68.5*	*17.3*	*72.3*	*52.7*	*31.2*
	STEP	Farza-1	4,608		•		•	•			•	•	•
		Mirbachakot-2	6,712	•	•	•		•	•			•	•
		Mirbachakot-3	5,635	•	•	•	•	•	•		•	•	•
		Kalakan-4	5,697	•	•			•	•		•		•
		Kalakan-5	2,032	•	•		•	•	•		•	•	•
		CA total	*24,684*	*16.1*	*20*	*34.9*	*27.2*	*64.7*	*69.4*	*16*	*75.4*	*62.6*	*30.1*
		REACH Kabul	68,975	17.9	18.4	29.2	19.2	50.2	71.9	16.4	70.2	56.8	29.7
Ghazni	SDF	Dih Yak-1	2,306	•	•	•	•	•	•	•			•
		Dih Yak-2	2,045	•	•	•	•		•	•			•
		Dih Yak-3	1,963	•	•	•		•	•	•	•		
		Zana Khan-4	916	•	•	•		•		•		•	•
		Zana Khan-5	1,268	•	•	•	•	•	•	•		•	•
		CA total	*8,498*	*11.9*	*0*	*7.7*	*10.8*	*26.6*	*34.2*	*10*	*60.7*	*62.1*	*16.8*
	BDF	Nawur-1	2,732	•		•	•	•	•	•	•	•	•
		Nawur-2	1,119	•	•	•	•	•	•	•	•	•	•
		Nawur-3	4,480	•	•	•	•	•	•	•	•	•	•
		Nawur-4	4,252	•	•	•	•	•		•	•	•	
		Ajristan-5	5,949	•	•	•	•	•	•	•	•	•	•
		CA total	*18,532*	*3.1*	*27.1*	*4.2*	*3.4*	*11.3*	*29.3*	*8.4*	*10.6*	*67.4*	*23.5*
	RCA	Jaghori-1	9,510		•	•		•			•		•

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				Contraceptive prevalence rate	Knowledge two modern contraceptive methods	Births attended by a skilled attendant	Mothers receiving PNC after delivery	Mothers attending one ANC visit	Mother receiving TT injections	Children 1-2 fully immunized (DPT3)	children 1-2 received Vitamin A therapy	Children exclusively breastfed during first 6 months	Mothers with appropriate careseeking behavior
		Jaghori-2	5,812	•		•		•					
		Jaghori-3	6,467			•	•					•	
		Malistan-4	5,665			•		•			•		
		Malistan-5	5,646	•	•	•	•				•		•
		CA total	*33,100*	*9.9*	*36.9*	*9*	*12.9*	*26.1*	*37.5*	*9.9*	*58.1*	*49.3*	*22.1*
	RCA	Bahramshahid-1	530	•					•				•
	r2	Bahramshahid-2	481				•			•	•		•
		Bahramshahid-3	483					•	•		•		•
		Bahramshahid-4	560					•	•		•	•	•
		Bahramshahid-5	452		•			•		•		•	•
		CA total	*2,506*	*12.9*	*17.3*	*14.7*	*15.8*	*51.9*	*47*	*39.7*	*81.9*	*66.1*	*50.2*
		REACH Ghazni	62,636	8.3	29.2	7.1	9.8	22.8	35	10.7	45.3	57.1	22.9
Bamyan	ADRA	Waras-1	3,795				•	•	•		•	•	
		Waras-2	2,651	•				•	•		•	•	
		Waras-3	3,241	•					•		•	•	
		Panjab-4	2,658	•				•	•		•	•	
		Panjab-5	1,510					•	•		•	•	
		Waras-6	3,613	•				•	•		•	•	
		Waras-7	2,979	•				•	•				
		CA total	*20,447*	*15.3*	*19.8*	*4*	*6.4*	*14.5*	*13.8*	*1.4*	*77.3*	*24.3*	*4.2*
	IMC	Yakawlang-1	3,444					•	•	•	•		•
		Yakawlang-2	3,250	•				•	•		•	•	
		Bamyan-3	3,197	•	•			•	•		•	•	
		Bamyan-4	3,220					•	•	•	•	•	•
		Bamyan-5	2,307					•	•		•	•	
		CA total	*15,418*	*24.1*	*17.1*	*7.7*	*18.2*	*26.5*	*32.5*	*13.3*	*77.4*	*34.4*	*41*
		REACH Bamyan	35,865	19.1	16.6	5.6	11.5	19.7	21.9	6.5	77.4	28.7	20
Khost	IMC	Qalandar-1	2,262	•	•	•		•	•		•	•	•
		Musa Khel-2	1,917	•					•	•	•	•	
		Gurbuz-3	1,913	•				•	•		•	•	•
		Gurbuz-4	1,058	•	•				•		•	•	•
		Bak-5	1,224	•				•	•	•	•		•
	REACH Khost	CA total	8,374	29.7	25.9	17.6	9	16	35.8	9.3	66.1	88.5	48.1
Paktia	Ibn Sina	Gardez-1	7,808	•				•		•	•		
		Zurmat-2	7,940							•		•	
		Sayid Karam-3	6,916							•			•
		Jadran/Shwak/Sham	12,454					•		•		•	
		Chamkani/Jaji-5	7,194					•	•	•		•	
	REACH Paktia	*CA total*	*42,312*	*17.8*	*9.5*	*23.8*	*15.8*	*35*	*47.2*	*15.7*	*40.9*	*70.1*	*17*
Paktika	IMC	Sharan-1	14,460	•				•		•	•	•	•
		Yousofkhil-2	6,175	•	•	•	•	•	•	•	•	•	
		Omna-3	4,324	•		•		•	•	•	•	•	•
		Urgun-4	12,403	•				•	•			•	•
		Nika-5	1,825	•	•	•		•	•	•	•		
		Gayan-6	4,304	•	•	•		•	•	•	•		•
	REACH Paktika	*CA total*	*43,491*	*20.6*	*12.8*	*16*	*19.1*	*9.1*	*38.8*	*18.9*	*57.9*	*72.1*	*20.7*
Baghlan	BDF	Baghlan-1	2,496					•	•		•	•	•
		Baghlan-2	3,673				•			•	•		•
		Baghlan-3	2,449					•	•	•		•	•
		Baghlan-4	3,206					•		•	•	•	
		Baghlan-5	2,280				•			•	•		•
	REACH Baghlan	*CA total*	*14,104*	*6.2*	*17.5*	*12*	*7.2*	*39*	*39.7*	*4.1*	*49.1*	*82.8*	*18.5*
Takhar	Merlin	Taloqan-1	3,033	•	•			•	•	•		•	
		Taloqan-2	3,327		•		•	•	•	•	•	•	•
		Taloqan-3	7,467	•	•			•	•	•	•	•	•
		Taloqan-4	4,286		•			•	•	•	•	•	•
		Taloqan-5	3,393					•	•	•	•	•	•
		Taloqan-6	2,280	•		•	•	•	•	•	•	•	•
		Kalfgan-1	1,226	•	•	•	•	•	•	•	•	•	•
		Kalfgan-2	544	•	•	•		•	•	•	•	•	
		Kalfgan-3	471	•	•	•		•	•	•	•	•	•
		Kalfgan-4	1,097	•	•			•	•	•	•	•	•
		Kalfgan-5	1,641					•	•	•	•	•	•
		Farkhar-1	1,576		•	•			•	•	•	•	•
		Farkhar-2	2,246		•			•	•	•	•	•	•
		Farkhar-3	1,097		•			•	•	•	•	•	•
		Farkhar-4	771	•	•		•		•	•	•	•	•
		Farkhar-5	674		•			•	•	•	•	•	•
		Bangi-1	759		•	•		•	•	•	•	•	•
		Bangi-2	975		•	•	•	•	•	•	•	•	•
		Bangi-3	605	•	•	•			•	•	•	•	•
		Bangi-4	415	•				•	•	•	•	•	•
		Bangi-5	828		•	•		•	•	•	•	•	

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Consolidated Report

Analysis at the SA (supervisory area) level. Red: high priority, yellow: medium priority and green: low priority.

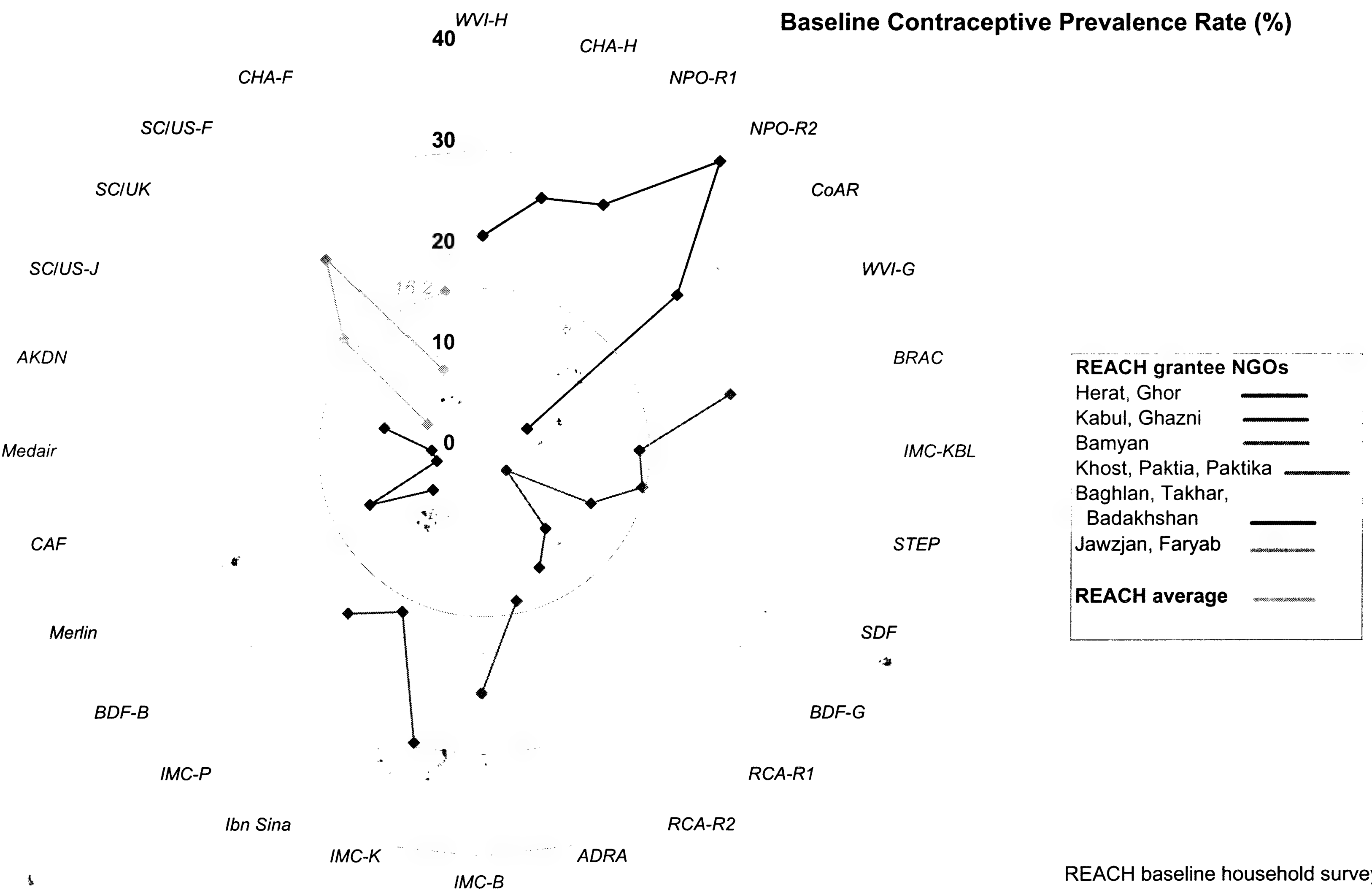
				Indicators (Per cent)									
				Reproductive Health		Safe Motherhood				Child Health			
Province	NGO	District-SA	No. of households	Contraceptive prevalence rate	Knowledge two modern contraceptive methods	Births attended by a skilled attendant	Mothers receiving PNC after delivery	Mothers attending one ANC visit	Mother receiving TT injections	Children 1-2 fully immunized (DPT3)	children 1-2 received Vitamin A therapy	Children exclusively breastfed during first 6 months	Mothers with appropriate careseeking behavior
		Cha-ab-1	3,094	•	•	•	•	•	•	•	•	•	•
		Cha-ab-2	2,469	•	•	•	•	•	•	•	•	•	•
		Cha-ab-3	1,509	•	•	•	•	•	•	•	•	•	•
		Cha-ab-4	2,066		•	•	•	•	•	•	•	•	•
		Cha-ab-5	1,855	•	•	•	•	•	•	•	•	•	
		Rustaq-1	5,198		•	•	•		•	•	•	•	•
		Rustaq-2	4,708		•	•	•			•	•	•	•
		Rustaq-3	4,251	•	•		•	•	•	•	•	•	
		Rustaq-4	2,356	•	•	•	•	•	•	•	•	•	
		Rustaq-5	3,259	•	•	•	•	•	•	•	•	•	
		Rustaq-6	2,803	•	•	•	•	•	•	•	•	•	•
		CA total	72,279	12.3	3	6.8	11.4	20.1	36.2	6	65.2	60	19.3
	CAF	Khwajaghor-1	10,830	•	•	•	•				•	•	•
		Dast-e-Qala -2	7,825	•	•	•	•		•			•	
		YangiQala-3	9,275	•		•	•	•	•		•	•	•
		KhwajaBahudin-4	7,200	•	•		•	•				•	
		Darqad-5	5,550				•	•		•	•	•	
		CA total	*40,680*	*4.6*	*12.7*	*3.6*	*10.2*	*26.2*	*35.6*	*19.2*	*64.1*	*71.2*	*20.9*
		REACH Takhar	112,959	9.6	6.5	5.7	10.9	22.3	36	10.8	64.8	64	19.9
Badakhsh	Medair	Raghistan-1	1,492		•	•	•	•		•	•	•	
		Raghistan-2	2,446	•	•	•	•	•		•	•	•	•
		Kohistan-3	1,300		•	•	•	•				•	
		Yawan-4	3,825		•	•	•	•	•		•	•	•
		Khwakhan-5	1,897	•	•	•	•	•		•	•	•	•
		CA total	*10,960*	*5*	*0*	*0*	*1.8*	*0.9*	*31.7*	*3.1*	*70.2*	*94.1*	*7.3*
	AKDN	Ishkshim-1	400	•	•	•		•	•	•	•		•
		Ishkshim-2	383	•	•	•	•	•	•		•	•	•
		Ishkshim-3	517	•		•	•	•	•	•	•		
		Zebak-4	350	•		•	•	•	•	•	•	•	•
		Zebak-5	306	•	•	•	•	•		•	•	•	
		CA total	*1,956*	*9.9*	*7.1*	*2.4*	*15.2*	*46.6*	*62*	*13.1*	*92.6*	*70.6*	*26.3*
		REACH Badakhshan	12,916	5.7	10.7	0.3	3.8	7.8	36.3	4.6	74.2	90.5	10.2
Jawzjan	SC/US	Khojadoko-1	2,593	•		•	•	•	•		•	•	•
		Khojadoko-2	1,016	•	•	•	•	•	•		•		•
		Qarqin-3	2,530	•	•	•	•					•	
		Qarqin-4	623	•	•	•		•	•	•	•	•	
		Khamyab-5	2,163	•		•	•	•	•			•	•
		CA total	*8,925*	*6*	*8.6*	*11.3*	*33.2*	*42.9*	*45.3*	*15.5*	*76.1*	*70.2*	*27.1*
	SC/UK	Aqcha-1	14,612	•			•	•			•	•	•
		Fayzabad-2	9,215					•			•		
		Mardyan-3	8,912					•		•	•	•	
		Mingajik-4	8,934	•	•	•		•		•	•	•	
		Darzab-5	16,465					•	•	•		•	
		CA total	*58,138*	*17.5*	*23.7*	*14.9*	*31.3*	*45.5*	*59.8*	*20.4*	*80.1*	*57.9*	*34.3*
		REACH Jawzjan	67,063	15.9	21.7	14.4	31.4	45.2	57.8	19.7	79.6	59.5	33.3
Faryab	SC/US	Khancharbagh-1	2,872		•	•		•	•	•	•	•	•
		Andkhoy-2	7,138	•	•				•	•	•	•	•
		Qurghan & Andkhoy-	3,015	•	•	•	•	•	•	•	•	•	•
		Qurghan-4	2,580	•			•	•	•	•	•		•
		Qaramqul-5	3,400	•		•	•	•	•	•	•	•	•
		CA total	*19,005*	*24.4*	*11.9*	*37.5*	*48.2*	*45.9*	*83*	*51.4*	*77.1*	*46*	*33.2*
	CHA	Dawlat Abad-1	9,138					•	•	•		•	•
		Shirin Tagab-2	10,590	•		•	•		•		•	•	•
		Khoja Sabz Posh-3	6,834		•	•	•	•	•	•	•	•	•
		Maimana-4	11,207					•	•		•		•
		Pashtoonkot-5	36,185				•		•			•	•
		Kohistanat-6	7,151	•		•	•	•	•	•	•	•	•
		CA total	*81,105*	*8.9*	*18.1*	*4.4*	*9.7*	*23.9*	*56.8*	*12.1*	*69.4*	*71.2*	*13.1*
		REACH Faryab	100,110	11.8	16.9	10.7	16.9	28.1	61.8	19.6	70.9	66.4	16.9
		REACH R1&R2	**738,826**	**16.2**	**21**	**12.2**	**15.7**	**26.1**	**44.3**	**14.7**	**67.4**	**62.6**	**24.9**

REACH Baseline Household Survey- Round 1 2 BPHS Grantees

Three levels of analysis have been presented together in this table: 1.by grant, 2. by province, and 3. REACH level.

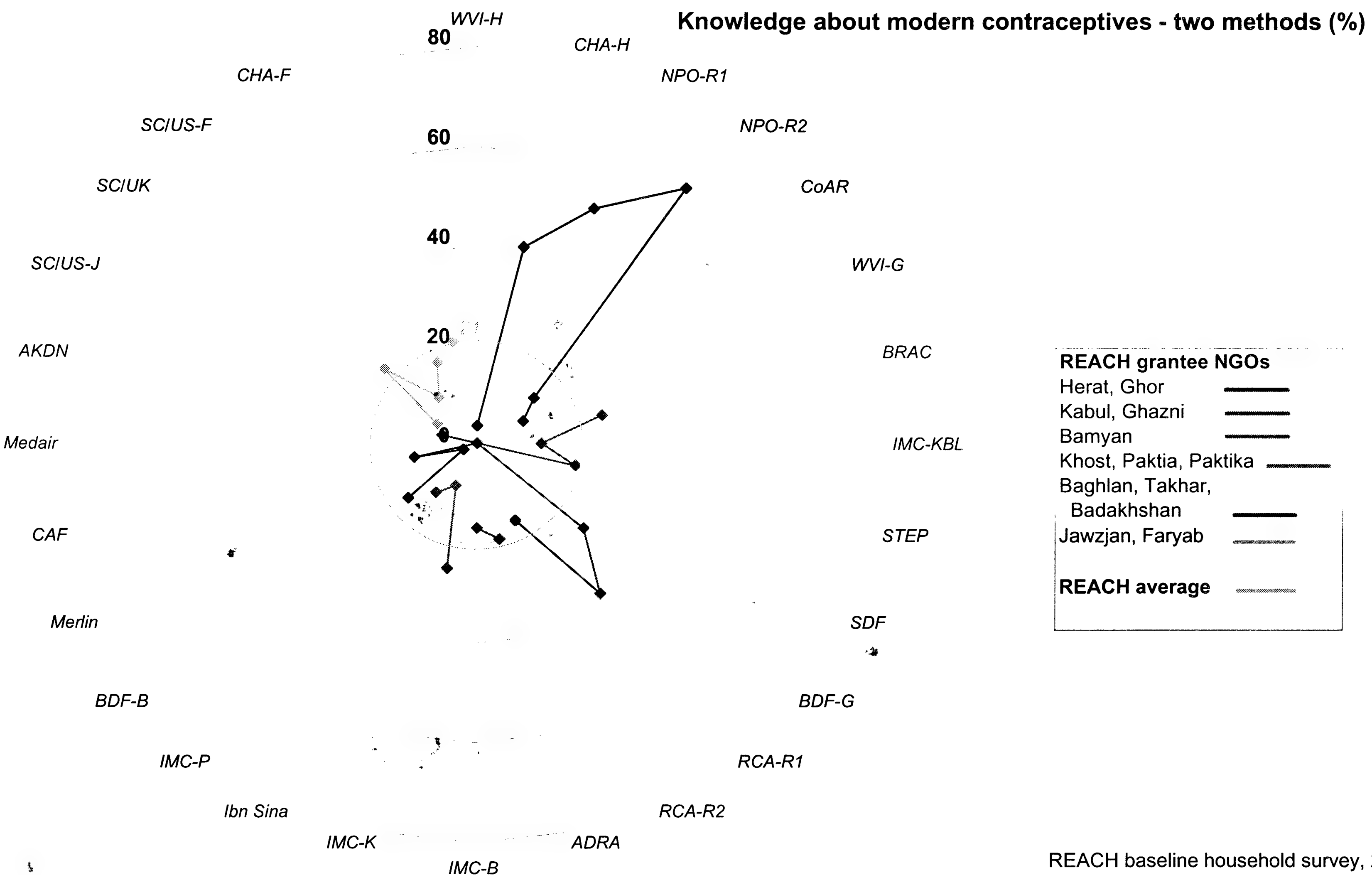
				Indicators (percentage)									
				Reproductive Health		Safe Motherhood				Child Health			
Province	NGO	Districts	No. of Households	women of reproductive age (15-49 years) who are using (or partner is using) a	women of reproductive age (15-49 years) who can identify at least two forms of	births attended by a skilled birth attendant	mothers receiving PNC after delivery	mothers attending at least one ANC visit	mother receiving TT injections	children >= 1 year and < 2 years fully immunized (DPT3)	children >= 1 year and < 2 years who received Vitamin A therapy	children exclusively breastfed during their first 6 months	mothers reporting appropriate behavior for treating a sick child
Herat	WVI	Cheshtisharif	4,640	21.3	3.5	4.3	13.9	17.8	50.1	10.3	64.2	58.4	32.1
	CHA	Ghorian, Zindajan, Kuhsan, Asraskan, Shindand, Farsi	91,968	25.7	40.5	12.9	16.7	13.6	42	22.5	92.5	57.6	40.1
	NPO/RRAA	Gulran	19,001	27.1	52.6	4.5	11	20.3	16.1	7.3	78.9	68.6	20.4
	NPO/RRAA	Rabat Sangi	20,930	36.9	66.1	7.5	15.6	31.1	35.8	13	75.7	64.1	32.4
	CoAR	Karukh	14,870	24.5	14.4	14.4	18.7	27.3	40.3	10.6	45.3	69.6	41.7
		REACH Herat	151,409	27.1	41.9	11	16	18.4	37	17.7	82.9	61.1	36.5
Ghor	WVI	Ghaghchran	22,142	4.9	10.1	0	4.6	4.6	12.1	0	38.2	74	4.7
Kabul	BRAC	Paghman	18,532	24.9	25.4	26.9	17.1	43.9	81.7	15.8	58.5	54.2	26.3
	IMC	Shakardara, Guldara, Qaraba	25,759	15.4	12.7	25.2	12.8	40.1	68.5	17.3	72.3	52.7	31.2
	STEP	Farza,Mirbachakot,Kalakan	24,684	16.1	20	34.9	27.2	64.7	69.4	16	75.4	62.6	30.1
		REACH Kabul	68,975	17.9	18.4	29.2	19.2	50.2	71.9	16.4	70.2	56.8	29.7
Ghazni	SDF	Dih Yak, Zana Khan	8,498	11.9	0	7.7	10.8	26.6	34.2	10	60.7	62.1	16.8
	BDF	Nawur, Ajristan	18,532	3.1	27.1	4.2	3.4	11.3	29.3	8.4	10.6	67.4	23.5
	RCA	Jaghori, Malistan	33,100	9.9	38.9	8	12.9	26.1	37.5	9.9	58.1	49.3	22.1
	RCA	Bahramshahid	2,506	12.9	17.3	14.7	15.8	51.9	47	39.7	81.9	66.1	50.2
		REACH Ghazni	62,636	8.3	29.3	7.1	9.8	22.8	35	10.7	45.3	57.1	22.9
Khost	IMC	Qalandar,Musa Khel, Gurbuz, Bak	8,374	29.7	25.9	17.6	9	16	35.8	9.3	66.1	88.5	48.1
Bamyan	ADRA	Waras, Panjab	20,447	15.3	19.8	4	6.4	14.5	13.8	1.4	77.3	24.3	4.2
	IMC	Yakawlang, Bamyan	15,418	24.1	17.1	7.7	18.2	26.5	32.5	13.3	77.4	34.4	41
		REACH Bamyan	35,865	19.1	18.6	5.6	11.5	19.7	21.9	6.5	77.4	28.7	20
Paktia	Ibn Sina	Gardez, Zurmat, Sayid Karam, Jadran/Shwak/Shamal,	42,312	17.8	9.5	23.8	15.8	35	47.2	15.7	40.9	70.1	17
Paktika	IMC	Sharan, Yousofkhil, Omna, Urgun, Nika, Gayan	43,491	20.8	12.8	18	19.1	9.1	38.8	18.9	57.9	72.1	20.7
Baghlan	BDF	Baghlan, Baghlane-jadid	14,104	6.2	17.5	12	7.2	39	39.7	4.1	49.1	82.8	18.5
Takhar	Merlin	Taloqan, Kalfgan, Farkhar, Bangi, Cha-ab, Rustaq	72,279	12.3	3	6.8	11.4	20.1	36.2	6	65.2	60	19.3
	CAF	Khwajaghor, Dast-e-Qala, YangiQala, KhwajaBahudin, Darqad	40,680	4.6	12.7	3.6	10.2	26.2	35.6	19.2	64.1	71.2	20.9
		REACH Takhar	112,959	9.6	6.5	5.7	10.9	22.3	36	10.8	64.8	64	19.9
Badakhsh	Medair	Raghistan, Kohistan, Khwakhan, Yawan	10,960	5	0	0	1.8	0.9	31.7	3.1	70.2	94.1	7.3
	AKDN	Ishkshim, Zebak	1,956	9.9	7.1	2.4	15.2	46.6	62	13.1	92.6	70.6	26.3
		REACH Badakhshar	12,916	5.7	10.7	0.3	3.8	7.8	36.3	4.6	74.2	90.5	10.2
Jawzjan	SC/US	Khojadoko, Qarqin, Khamyab	8,925	6	8.8	11.3	33.2	42.9	45.3	15.5	76.1	70.2	27.1
	SC/UK	Aqcha, Fayzabad, Mardyan, Mingajik, Darzab	58,138	17.5	23.7	14.9	31.3	45.5	59.8	20.4	80.1	57.9	34.3
		REACH Jawzjan	67,063	15.9	21.7	14.4	31.4	45.2	57.8	19.7	79.6	59.5	33.3
Faryab	SC/US	Khancharbagh, Qurghan, Andkhoy, Qurghan,	19,005	24.4	11.9	37.5	48.2	45.9	83	51.4	77.1	46	33.2
	CHA	Dawlat Abad, Shirin Tagab, Khoja Sabz Posh, Maimana, Pashtoonkot, Kohistanat	81,105	8.9	18.1	4.4	9.7	23.9	56.8	12.1	69.4	71.2	13.1
		REACH Faryab	100,110	11.8	16.9	10.7	16.9	28.1	61.8	19.6	70.9	66.4	16.9
		Total REACH R1&R2	**738,826**	**16.2**	**21**	**12.2**	**15.7**	**26.1**	**44.3**	**14.7**	**67.4**	**62.6**	**24.9**

Annex 4: Reproductive Health, comparing NGOs baseline coverage - Figure 1



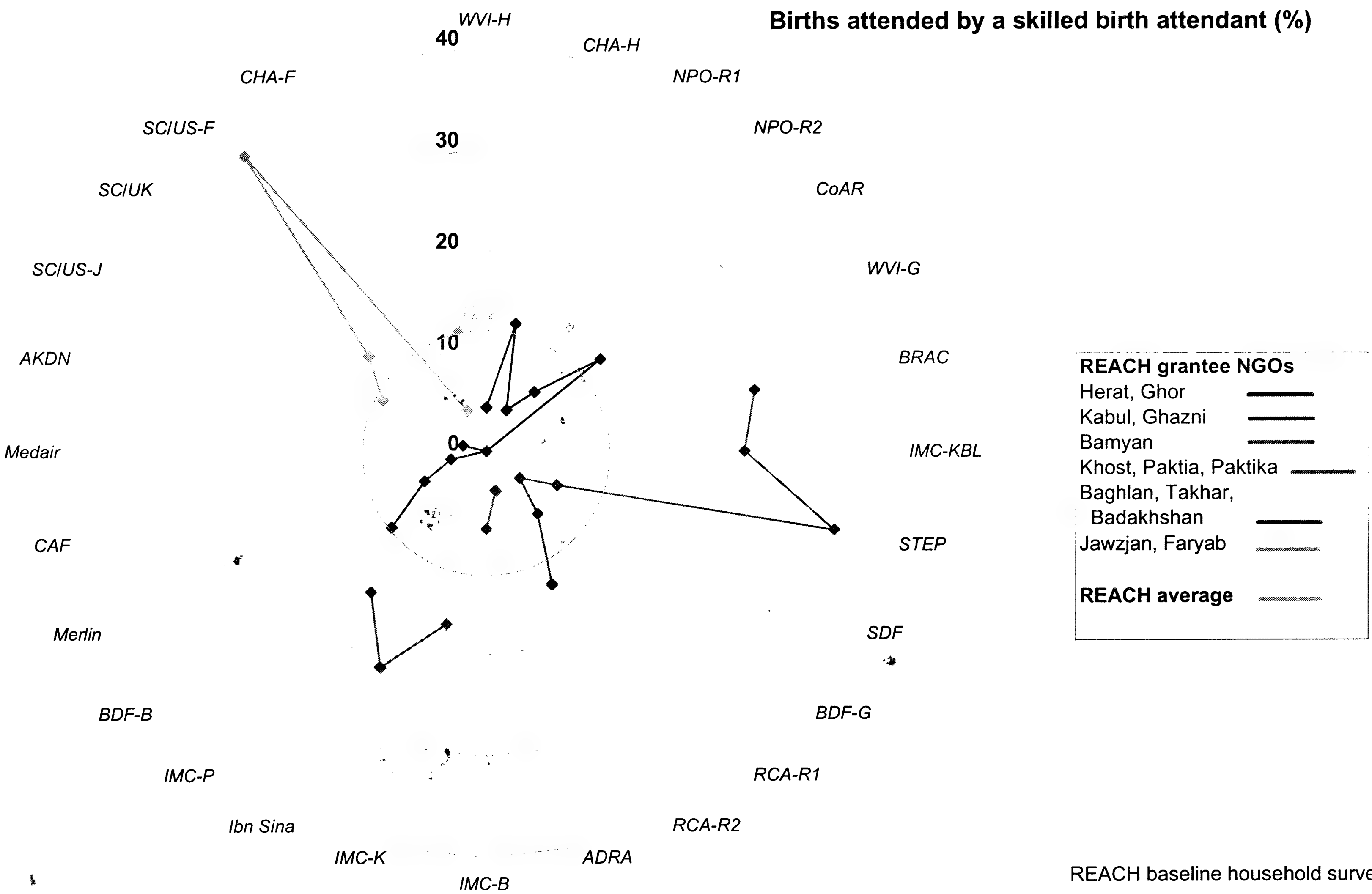
REACH baseline household survey, 2004

Annex 4: Reproductive Health, comparing NGOs baseline coverage - Figure 2



REACH baseline household survey, 2004

Annex 5: Safe Motherhood, comparing NGOs baseline coverage - Figure 1



REACH baseline household survey, 2004

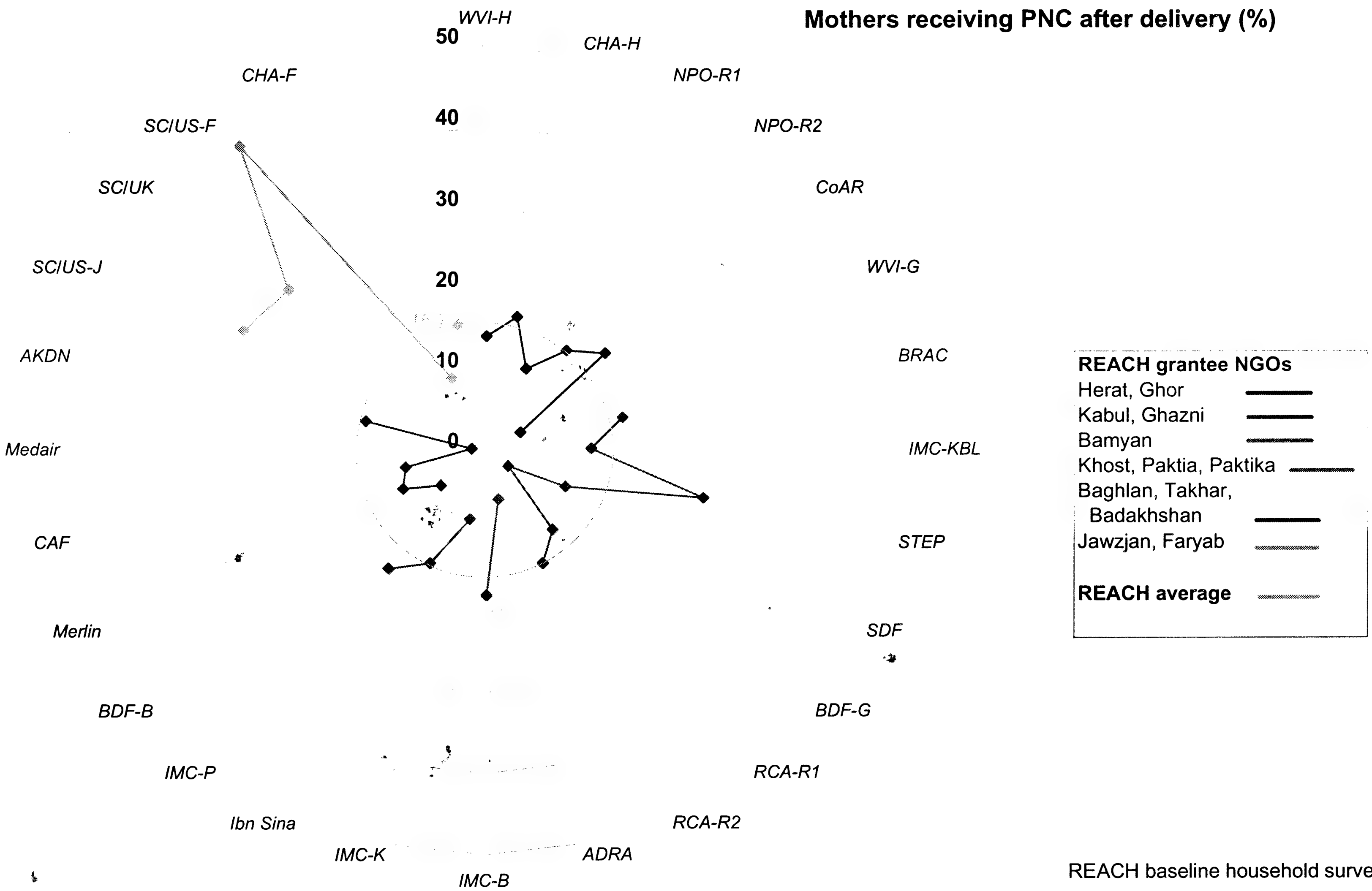
ACRONYMS

ANC	Ante-natal care
ARI	Acute Respiratory Infection
BPHS	Basic Package of Health Services
CA	Catchment Area
CPR	Contraceptive Prevalence Rate
DPT	Diphtheria, Pertussis, Tetanus
FP	Family Planning
LQAS	Lot Quality Assurance Sampling
NGO	Non-governmental Organization
PNC	Post-natal Care
REACH	Rural Expansion of Afghanistan's Community Based Health Care Program
SA	Supervisory Area
TT	Tetanus Toxoid
USAID	United States Agency for International Development

REACH NGO Grantees

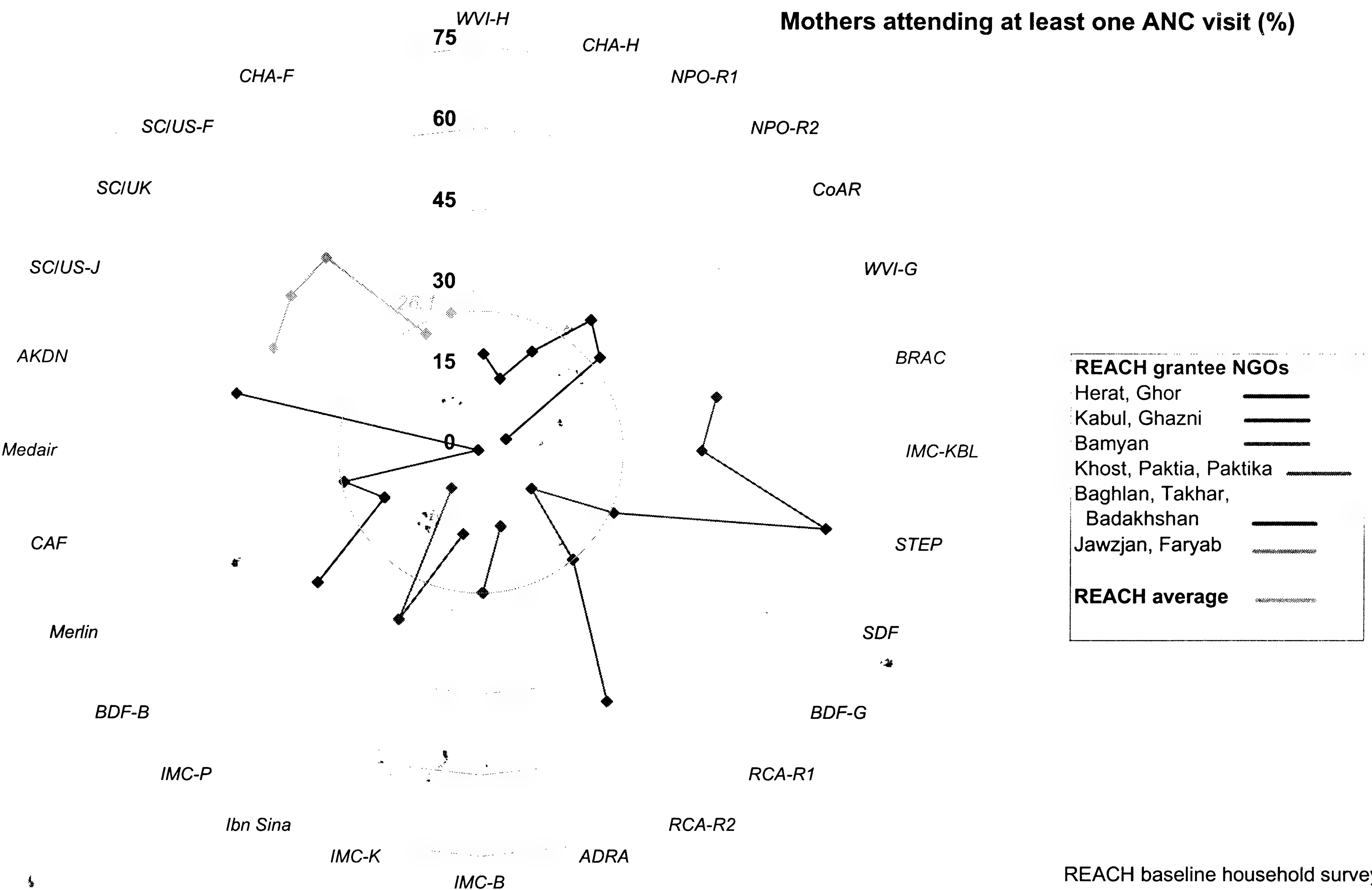
ADRA	Adventist Development and Relief Agency
AHDS	Afghan Health and Development Services
AKDF	Agha Khan Development Foundation
BDF	Bakhtar Development Foundation
BRAC	Bangladesh Rural Advancement Committee
CAF	Care of Afghan Families
CHA	Coordination of Humanitarian Assistance
CoAR	Coordination of Afghan Relief
	Ibn Sina
IMC	International Medical Corps
	Medair
	Merlin
NPO/RRAA	Norwegian Project Office/Rural Rehabilitation Association for Afghanistan
RCA	Rehabilitation of Central Afghanistan
SC/UK	Save the Children UK
SC/US	Save the Children US
SDF	Sanayee Development Foundation
STEP	STEP Health and Development Organization
WVI	World Vision International

Annex 5: Safe Motherhood, comparing NGOs baseline coverage - Figure 2

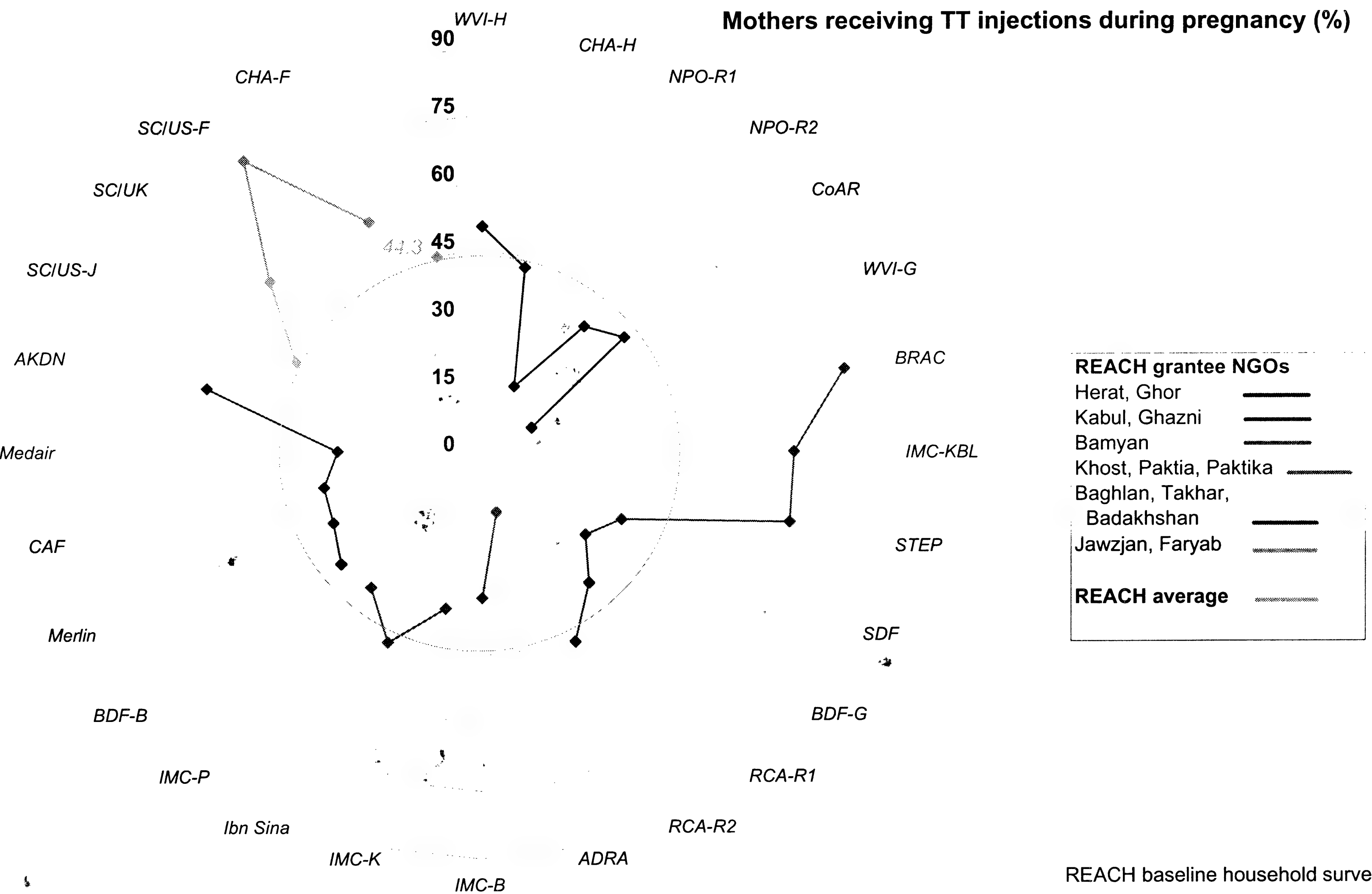


REACH baseline household survey, 2004

Annex 5: Safe Motherhood, comparing NGOs baseline coverage - Figure 3

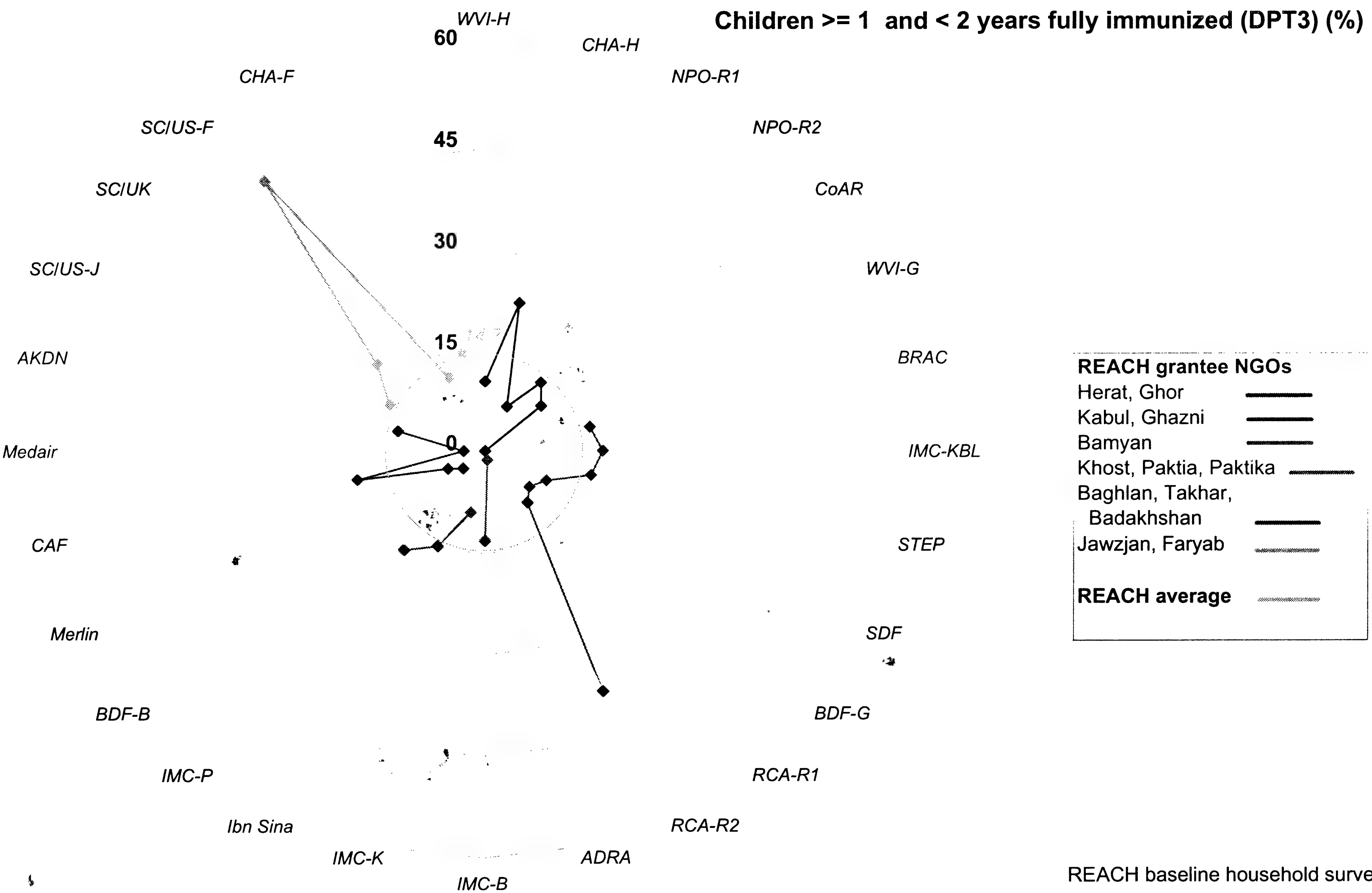


Annex 5: Safe Motherhood, comparing NGOs baseline coverage - Figure 4



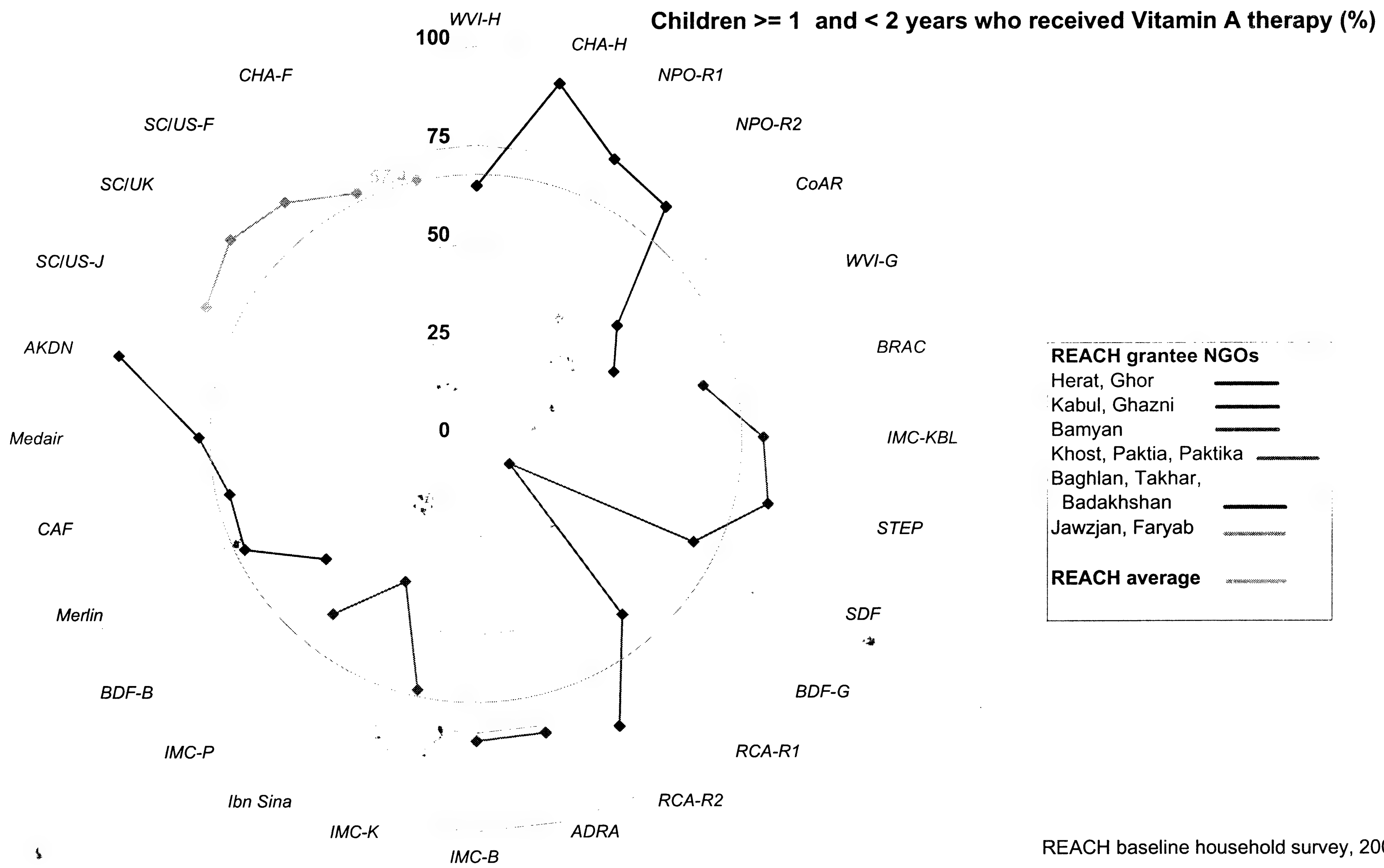
REACH baseline household survey, 2004

Annex 6: Child Health, comparing NGOs baseline coverage - Figure 1



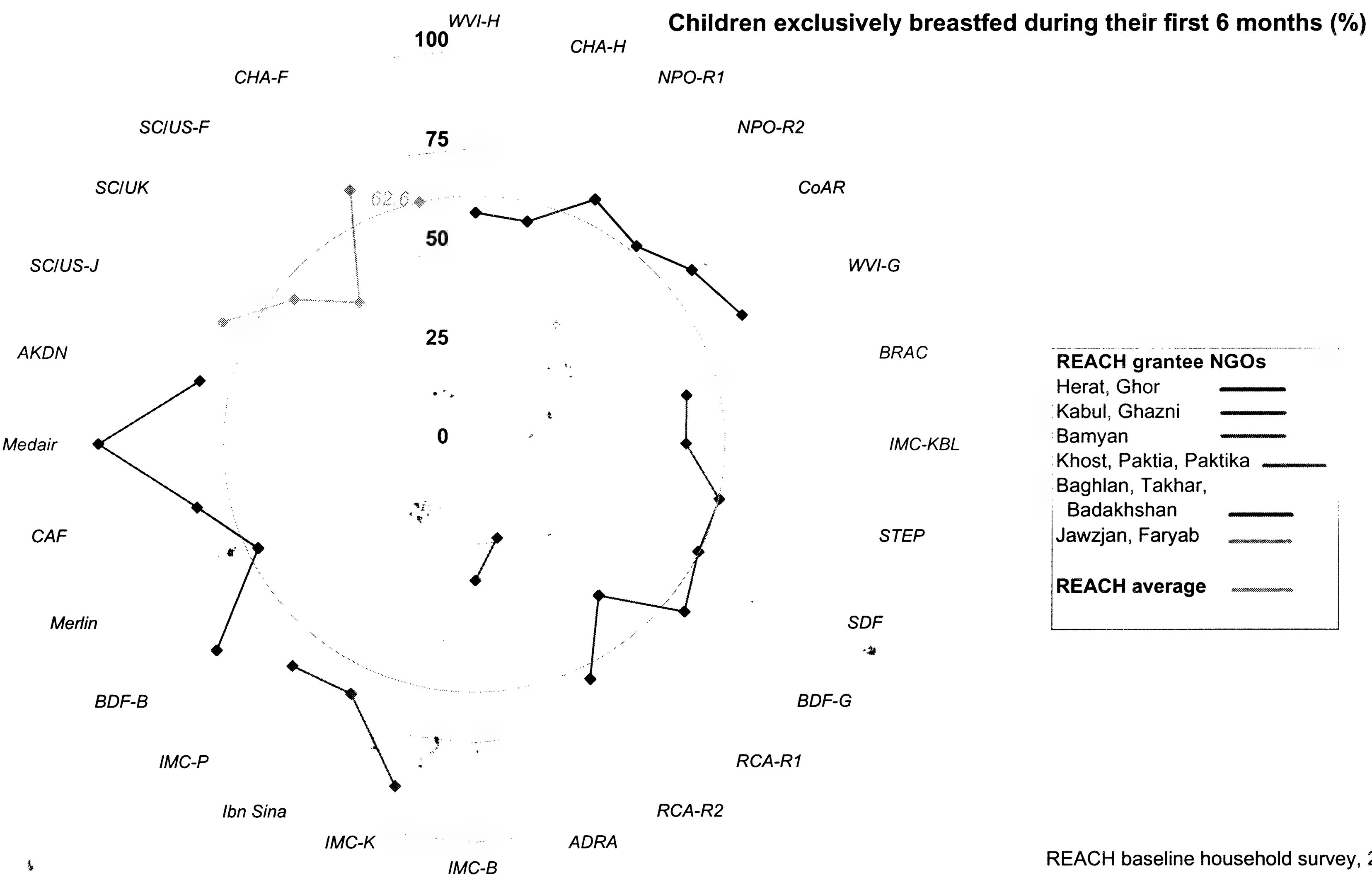
REACH baseline household survey, 2004

Annex 6: Child Health, comparing NGOs baseline coverage - Figure 2



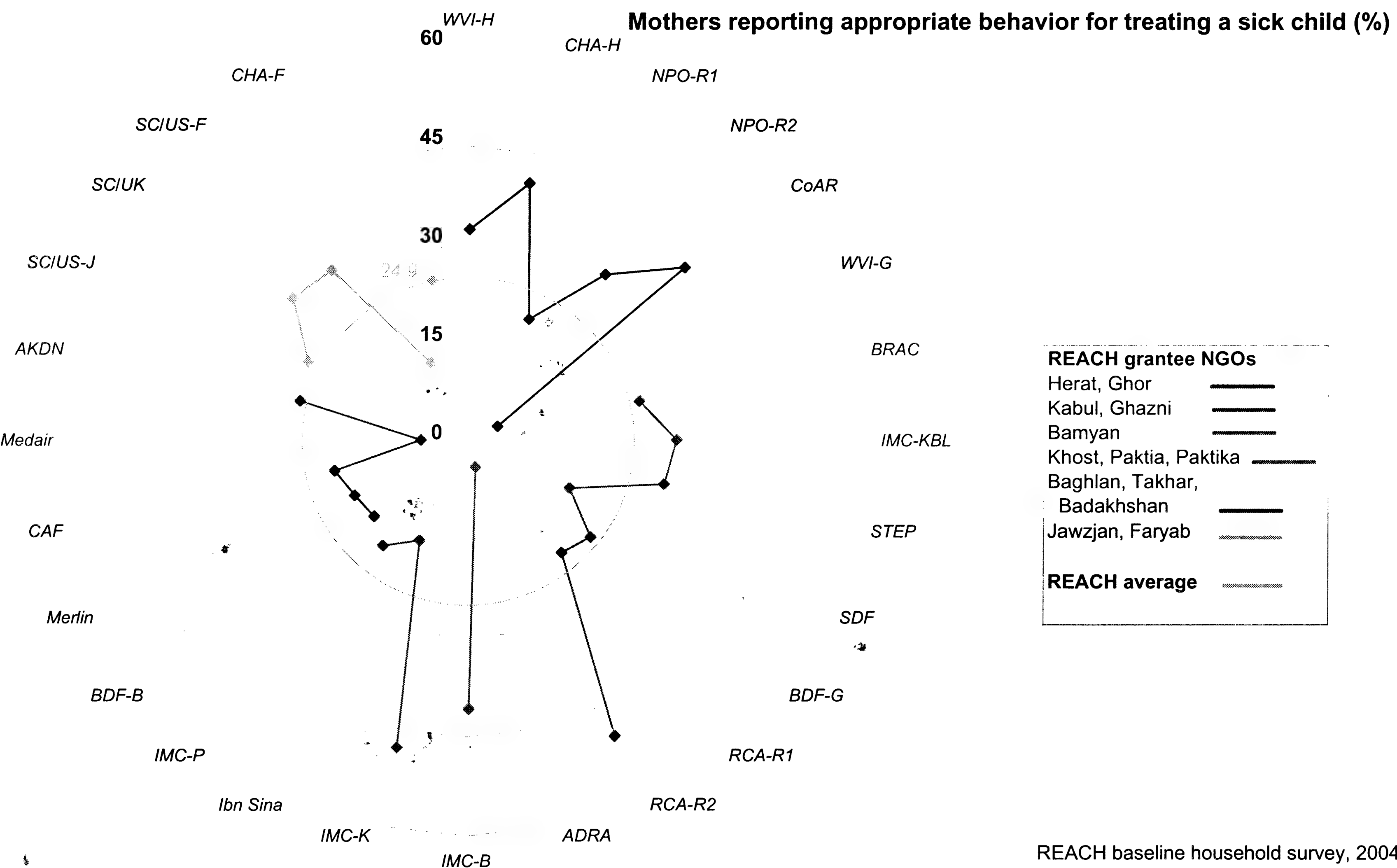
REACH baseline household survey, 2004

Annex 6: Child Health, comparing NGOs baseline coverage - Figure 3



REACH baseline household survey, 2004

Annex 6: Child Health, comparing NGOs baseline coverage - Figure 4



REACH baseline household survey, 2004

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EXECUTIVE SUMMARY

Background and objectives: The USAID-funded Rural Expansion of Afghanistan's Community Based Health Care Program (REACH) is a three-year project to increase the use of basic health services by women of reproductive age and children under five in rural areas. Much of the work of the project is delivered through services provided by non-governmental organizations (NGOs) which receive grants from REACH. The REACH household survey, undertaken in the first few months of grant implementation, is designed to capture basic health services coverage information through the collection of baseline information on 10 key health indicators divided into three categories: maternal health, reproductive health, and child health.

Methods: This report records the process and findings of the baseline household survey of 18 NGOs which received a total of 27 grants from the REACH program in December 2003 (Round 1) and in March 2004 (Round 2). These NGOs work in 13 provinces of Afghanistan, where these surveys were carried out. Four target groups were interviewed:

- Mothers of children 0 to 11 months.
- Mothers of children 12 to 23 months old,
- Married women aged 15 to 49 years old not currently pregnant, and
- Mothers of sick children 0 to 23 months old.

The household surveys used the Lot Quality Assurance Sampling (LQAS) methodology. Each NGO catchment area (CA) was divided into at least 5 supervisory areas (SA). In each SA, 19 interview locations were selected randomly. In each of these locations, questionnaires were administered covering each of the four target groups listed above.

Results: Analysis of the survey data was done at four levels: (1) by supervisory area (SA) within a grant, (2) by catchment area, (3) by province (only REACH districts), and (4) by REACH overall. NGOs used results under each indicator to identify areas for intervention and then developed an action plan for these interventions. Findings of the baseline household survey indicate that for various NGOs and provinces, the performance of community-based health services is not always correlated with the level of facility- based health services.

Reproductive Health: Contraceptive Prevalence Rate is generally below 20% in REACH districts (REACH average = 16.2%). Wide variation between NGOs working in the same province is observed in Jawzjan and Faryab. In most REACH districts, fewer than 30% of the women of reproductive age know about at least two modern methods of contraception (REACH average = 21.0%).
Safe Motherhood: In most REACH districts, the rate of births attended by skilled birth attendants is less than 10% (the REACH average = 12.2). Excluding a few outlying data points, this indicator varies less among NGOs working in the same province. Use of postnatal care services is generally below 20% (REACH average = 15.7%). Use of antenatal care is more variable across REACH districts (REACH average = 26.1%). Coverage for Tetanus Toxoid immunization for pregnant women is generally between 30 – 45% in most areas (REACH average = 44.3%).
Child Health: The baseline DPT3 vaccination coverage is generally low (on average, 14.7%, and generally below 20%). Vitamin A supplementation coverage for children between 1 and 2 years is generally above 50% (REACH average = 67.4%). Prevalence of exclusive breast feeding is also generally above 50% (REACH average = 62.6%). In various REACH districts, there is a wide variation in the rate of appropriate care-seeking behavior for sick children. The overall average is 24.9%.

Conclusion: From both NGO and REACH perspectives, the baseline household survey has been interesting and useful. The NGOs have learned how to document the baseline indicators in their catchment areas. The selection of LQAS methodology over the 30- cluster sampling method held several advantages for REACH: a relatively smaller sample size, decentralized data collection, unique facility for NGOs to use the data locally, a small margin of error in estimating various indicators, flexibility of sampling and analysis as catchment areas expand, and the possibility of follow-up measurements. Although this methodology was relatively unknown to NGOs in Afghanistan, after receiving appropriate training and technical assistance from REACH staff, nearly all were successfully able to use it and analyze their survey results. Additionally, at the end of the REACH Program, all NGOs plan to use this approach to assess changes in these 10 indicators.

Background and Purpose

The USAID-funded Rural Expansion of Afghanistan's Community Based Health Care Program (REACH) is a three-year project to increase the use of basic health services by women of reproductive age and children under five in rural areas. Through REACH non-governmental organization (NGO) performance-based grants initiative, the Basic Package of Health Services (BPHS) is being delivered to more than 4.8 million Afghans in selected underserved districts of 13 provinces.

The REACH baseline household survey is designed to capture basic health services coverage information in the communities served by the REACH grantee NGOs. Grantees are required to obtain baseline and end-of-project values for 10 indicators that reflect the health status of women and children. Grantee NGOs use this information to better understand the health status and needs as well as the health practices in the communities they serve and to plan their activities accordingly. It is anticipated that the results of this survey will provide not only a baseline against which to measure progress at the end of the project, but also a practical monitoring tool to be used by NGO grantees on a regular basis.

Methodology

As noted above, the REACH Program targets two groups of health consumers: women of reproductive age and children under the age of five. The household survey focuses on the types of services that relate most directly to improvements in morbidity and mortality among these groups. The ten specific indicators measured through the household survey can be divided into the following three key categories:

Reproductive Health
- Percent of women of reproductive age (15-49 years) who are using (or whose partner is using) a modern contraceptive method
- Percent of women of reproductive age (15-49 years) who can identify at least two forms of modern contraception

Maternal Health
- Percent of births attended by a skilled birth attendant (doctor, nurse, or trained midwife)
- Percent of mothers receiving postnatal care after delivery
- Percent of mothers attending at least one antenatal care (ANC) visit
- Percent of mothers receiving tetanus toxoid injections during pregnancy

Child Health
- Percent of children ≥ 1 year and < 2 years who are fully immunized (DPT3)
- Percent of children ≥ 1 year and < 2 years who have received Vitamin A therapy
- Percent of children 0 to 6 months who are exclusively breastfed
- Percent of mothers reporting appropriate behavior for treating a sick child (diarrhea, acute respiratory infection, or fever)

These indicators are considered essential for determining whether service providers are providing adequate coverage to the population in their catchment area.

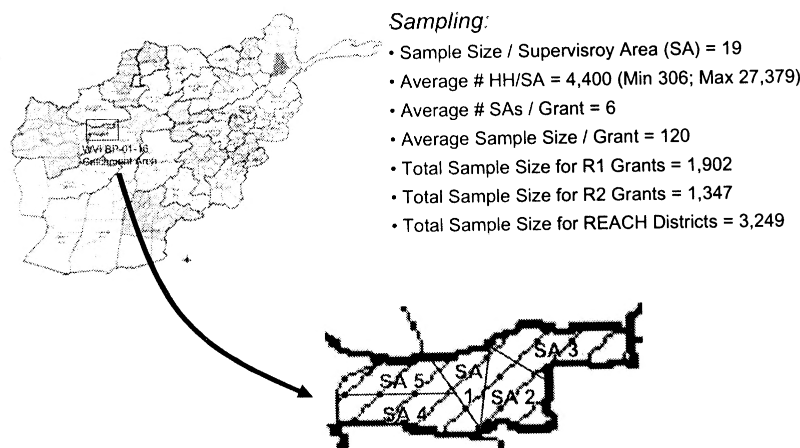
This report records the process and findings of the baseline household survey of Rounds 1 and 2 NGO grantees of the REACH program. Awards for these grants were made in December 2003 and March 2004, respectively. Between December 2003 and May 2004, the NGOs received three rounds of training in implementation and data analysis of the baseline household survey. The surveys took place between January and August. Of the 28 Round 1 and 2 grantees, 27 completed their surveys in the allotted time; their results are presented in this report. Due to security concerns, one NGO working in Kandahar Province was unable to complete the survey in time for inclusion in this report. The total sample size was 3,249 households, out of a total of 738,826 possible households in the survey areas.

Target groups—Interviews were held with four target groups of women. A special questionnaire was developed for each group to address topics particularly relevant to REACH goals and objectives (see Annex 1 for a copy of the survey questionnaires).

Target Groups for Interviews	Topics Covered
1. Mothers of children 0 to 11 months	Antenatal, postnatal and newborn care, exclusive breastfeeding
2. Mothers of children 12 to 23 months old	Vaccination, Vitamin A
3. Married women aged 15 to 49 years old not currently pregnant	Reproductive health, family planning
4. Mothers of sick children 0 to 23 months old	Health seeking behaviors

Sampling—Lot Quality Assurance Sampling (LQAS) methodology was used for this survey [1]. This sampling strategy begins with the identification of the catchment area (CA), usually an area covered by one REACH NGO grant. The CA may be a district or a cluster of districts. It is divided into at least five supervisory areas (SA), each consisting of several villages or communities served by one health facility (see Figure 1). To ensure accurate comparison of indicators over time, the definition adopted by the grantee NGO for the catchment area and any pattern used to divide the CA into SAs will be maintained for future household surveys

Figure 1 – Delineating a catchment area and its division into supervisory areas (Cheshtisharif district/Herat Province west Afghanistan), along with a summary of sampling statistics



SA: Supervisory Area, HH: Household

Random sampling is the cornerstone of LQAS. Grantee NGOs performed systematic random sampling in each of their supervisory areas. Grantee technical staff, appointed and trained to carry out this task, developed the sampling plan. REACH technical staff reviewed and approved all sampling plans before data collection began.

Sample size was determined according to the principles of LQAS, which call for the random selection of 19 interview locations per supervisory area. A sample of 19 provides an acceptable level of statistical error (90-95 % confidence level at different levels of analysis) for making management decisions.[1]

One person from each target group listed above was interviewed in a given household.[2] Target groups were permitted to overlap, with one exception: no overlaps were allowed between target groups 1 and 2 because the data from these two groups might be aggregated for further analysis. If, in a selected household, all expected target groups were not represented, interviewers were instructed to move to the next nearest household.

Identifying the respondents— Three steps were involved in identifying respondents. The first step was to identify the SA. Maps were provided to REACH NGOs for use in identifying the locations of their facilities and delineating supervisory areas. The second step was to estimate the number of households in the SA and derive a sampling frame. NGO grantees conducted a pre-survey to verify existing village listings of each SA and estimated the number of households in each village. The third step was to use systematic random sampling principles to identify 19 interview locations in each SA.

1 - Samples larger than 19 have practically the same statistical precision as 19, but they take more time to complete, and they cost more.

2- Household is defined as those persons who share a common hearth.

NGO Grantees' Baseline Household Survey: Report on the Results

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This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number EEE-C-00-03-00021-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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NGO GRANTEES' BASELINE HOUSEHOLD SURVEY: REPORT ON THE RESULTS

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